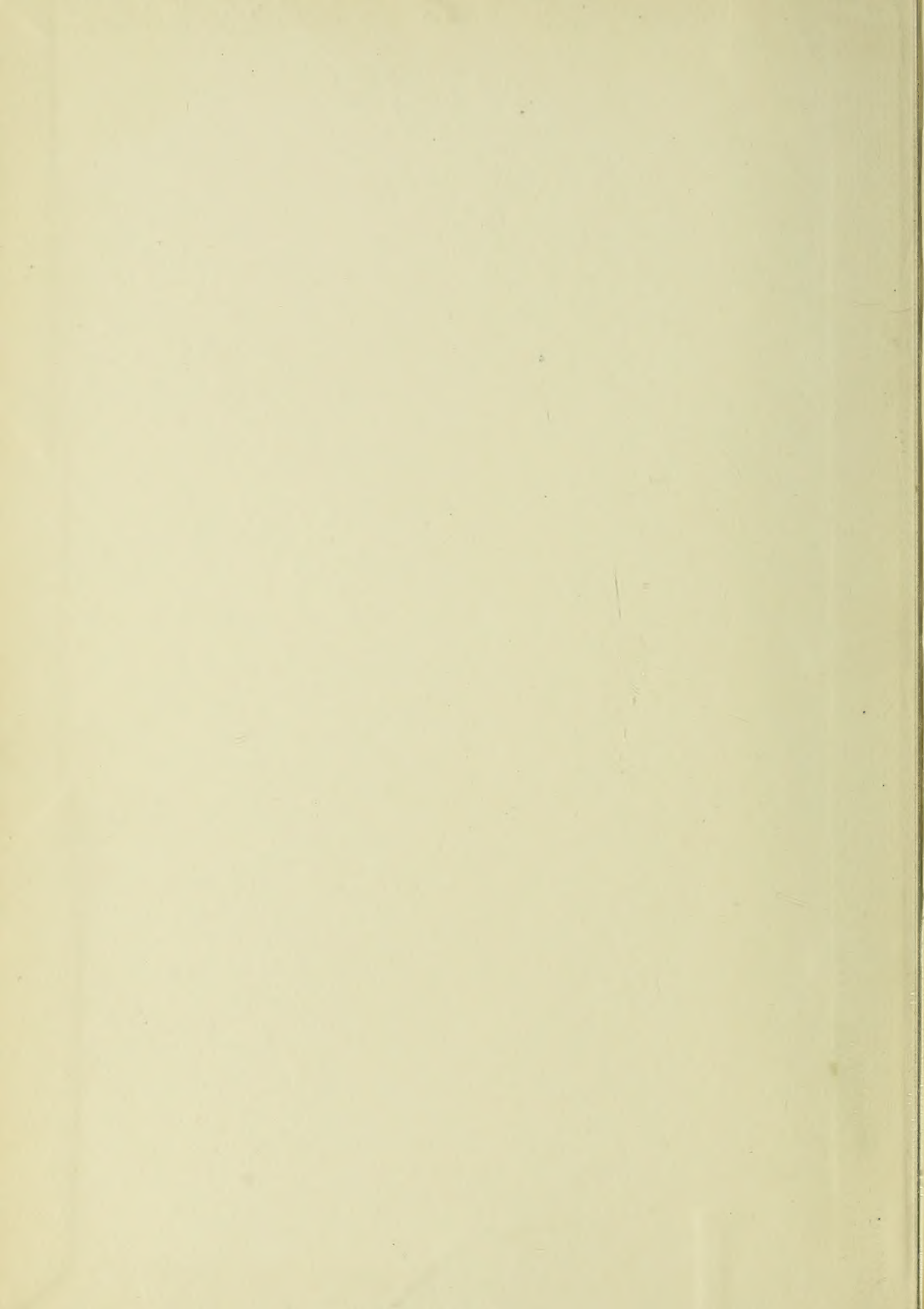


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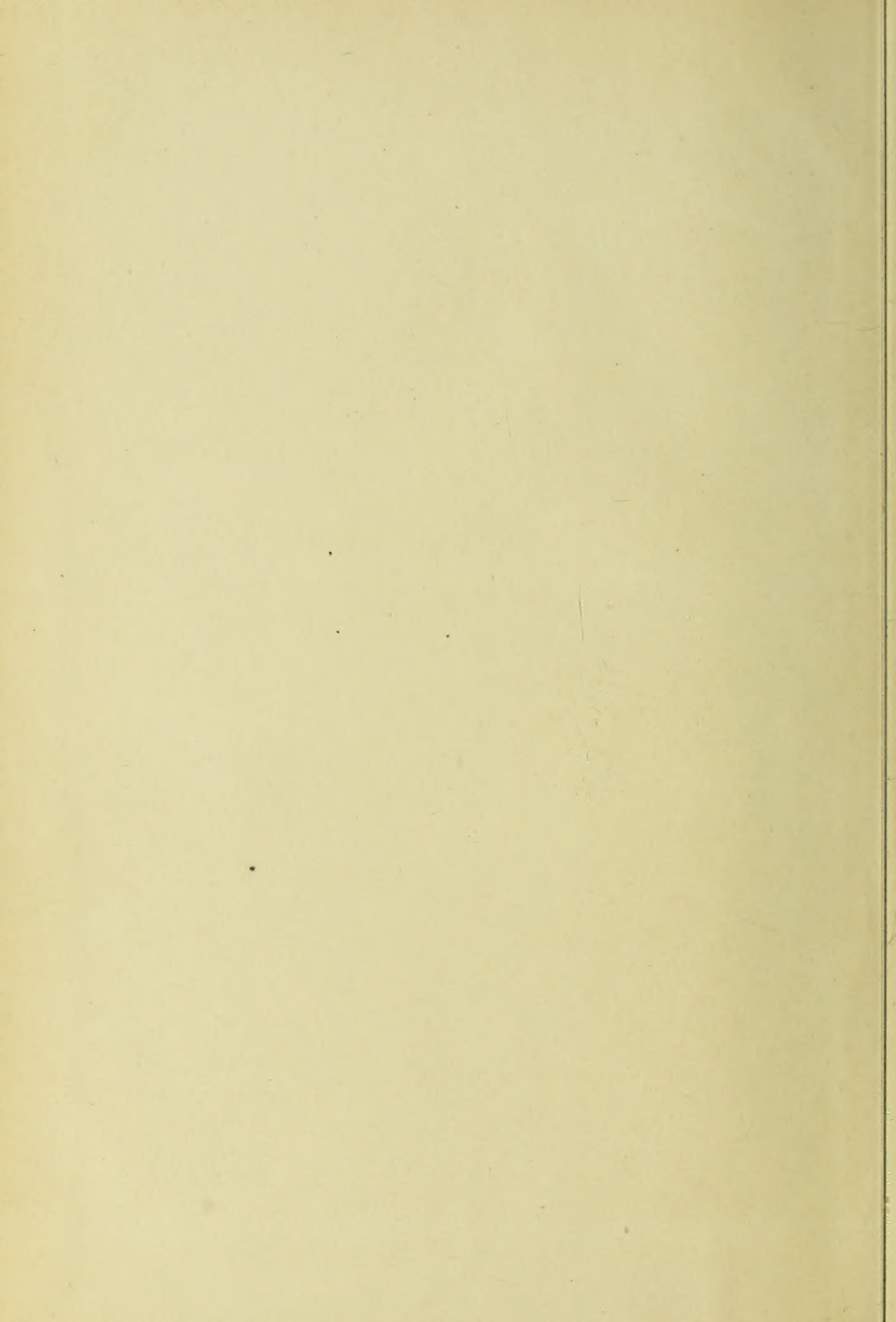






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THE
ILLINOIS MEDICAL JOURNAL

CONTAINING THE

Official Record of the Proceedings of the Illinois State
Medical Society and the Papers Read

AT THE

MEETING AT PEORIA, MAY 21, 22, 23, 1901

AND THE

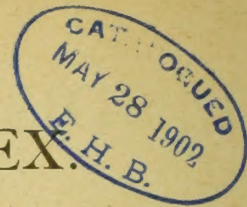
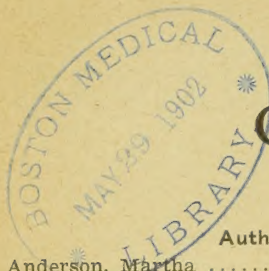
Proceedings of Affiliated Societies, Together With Editorial Dis-
cussions and Items of Interest to the
Practitioners of Illinois

EDITED FOR THE SOCIETY UNDER THE DIRECTION OF
THE JUDICIAL COUNCIL BY

GEORGE N. KREIDER, A. M., M. D.

VOLUME III.
JUNE, 1901, TO MAY, 1902

SPRINGFIELD:
ILLINOIS STATE JOURNAL PRESS



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Ophthalmic and Otolological	288-342-391-623
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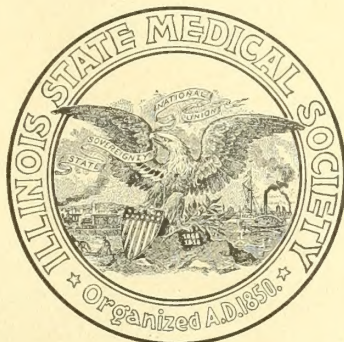
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ILLINOIS Medical Journal

The Official Organ
of the
State Medical Society

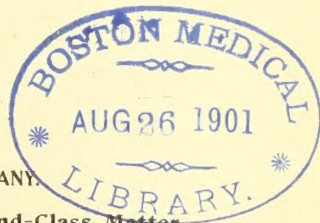


A Monthly Bulletin
Edited by the
Publication Committee

Printed by

THE ILLINOIS STATE JOURNAL COMPANY.

Entered in the Springfield Postoffice as Second-Class Matter.



Volume LI.
New Series, Vol. III.
Number 1.

Springfield, Ill., June, 1901.

{ Subscription, \$3 a Year.
Single Copies, 25 Cents.

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medicine for 21 years and unlike many who address their colleagues on occasions of this kind I must say that I have no great complaint to make of the treatment which the medical profession receives at the hands of the general public. I have never seen the educated, earnest, industrious and upright physician fail of appreciation. I have not seen his wife and children wander about the streets hungry or insufficiently clothed. On the contrary I am such an optimist as to say that I believe no other profession offers such great rewards to a young man who is adapted to the work, has a scientific bent, an industrious habit and a desire to do some good in the world. True our profession does not offer any great pecuniary rewards. He who seeks wealth in the practice of medicine will surely be disappointed. All of the disgraceful quackery and much of the complaints of others comes because this fact is forgotten. I believe that there are not too many physicians graduated from the schools, but really too few who measure up fully to the requirements of the work. One of the great misfortunes of the past has been that individuals have entered upon the study of medicine who have had no education nor training upon which to base their studies. The result has been that in every community there are professional men who have no success in their work and no interest in the profession with which they are nominally identified. They are derelicts who are neither adapted for the practice of medicine nor any other good work. The profession, however, must not be judged by the low standard of these men, but by the high standard which is upheld in our societies.

Just as I have no great complaints to make of our past and present treatment, just so hopeful am I of better things for the future. It seems to me there are few defects in our condition which can not be repaired by persistent and united effort. The problem is to find the way to combine our forces. This Society as it stands today represents the effort of the physicians of Illinois to solve this problem. I have been an officer of this Society for eleven years.

During nine of these years it was my despair to see the Society representing about one twentieth part of the profession in the state. It grew by one or two score each year. Some years there was no growth, but on the contrary a falling off of 20 or 30 members. The climax came at the meeting of 1899 when the total registration fell to 136 and the total membership in good standing was but 450. This on our 49th anniversary. Hopeless of ever attaining any great success by the methods then in vogue, the thought came that a monthly journal containing the transactions of the Society and such other matter as should appeal to the conscience of every honest practitioner in the state might succeed in arousing the profession and extend the membership and influence of the Society.

Against the judgment and advice of many of the best members of the Society, but with confidence in its ultimate success the Illinois Medical Journal was launched July 1, 1899. The success which from the beginning has attended the venture, has been surprising. Many members report that they eagerly await the monthly issues which they read from cover to cover. Ample material to fill its columns has been furnished by the transactions and papers read at our annual meeting and at the meetings of the various local societies. By printing the papers and discussions of local societies, an interest has been aroused which reacts favorably on their membership and brings in new material.

Neighboring counties seeing the good work are stimulated to effect an organization.

It has been the policy of the editors to confine the material entering its columns entirely to matters interesting to the profession in this state, leaving the consideration of national and interstate matters entirely to the Journal of the American Medical Association. By the kind co-operation of the secretary of the State Board of Health it has been possible to report all changes of address of practitioners in Illinois from month to month. No advertisements have been accepted, al-

though many have been offered. I believe it would be well for the Society to consider this subject and give the future Committee on Publication some idea of their wishes in this matter. The Society needs the money badly enough, but on the other hand, objectionable material is very likely to creep into the advertising pages as the experience of other journals has amply demonstrated. The effect of the publication of the journal on the membership of the Society has been most gratifying. During the first year 225 new members came in and during the past year no less than 500 new names were added to our list. Instead of communicating with the members at the annual meetings only the officers have been able by means of the journal to reach them every month and to interest many outside of the Society who were formerly beyond our influence. In less than two years, our membership has more than doubled, and what is better plans have been laid which will without doubt result in bringing in every eligible practitioner in the state. These new members have not been obtained without great labor on the part of the officers and committees. About 12,000 journals have been sent gratis to physicians eligible for membership. Some 15,000 letters and postal cards have been written, personal visits have been made to county and district society meetings and at all times and places our colleagues have been urged to their duty.

TABLE I.—Showing Name of Society and Year of Founding.

Aesculapian.....	1847
Peoria City.....	1848
Adams County.....	1850
Chicago Medical.....	1852
La Salle County.....	1853
McLean County.....	1854
Ottawa City.....	1855
DeWitt County.....	1856
Champaign County.....	1858
Fox River Valley.....	1864
Shelby County.....	1864
St. Clair County.....	1866
Military Tract.....	1866
Morgan County.....	1866
Iowa & Illinois Dist.....	1868
Macoupin County.....	1873
North Central District.....	1874
Dist. Med. Soc. Cen. Ill.....	1874
Hancock County.....	1875

South Ill.....	1875
Clinton County.....	1876
Brainard Dist.....	1876
Stevenson County.....	1878
Chicago Gyn. Soc.....	1878
Chicago Path. Soc.....	1878
Crawford County.....	1879
Wabash County.....	1880
Lake County.....	1884
Will County.....	1886
Medico-Legal of Chicago.....	1886
Bond County.....	1886
Scandinavian Medical Soc., Chicago.....	1887
South Chicago.....	1890
Chicago Acad. Med.....	1890
Jacksonville Med. Club.....	1890
Kankakee County.....	1891
Chicago Oph. & Otol. Soc.....	1892
N. Chicago.....	1893
Bureau County.....	1893
Douglas County.....	1894
Lake County Med. Soc.....	1894
Massac County.....	1894
Rock River Valley.....	1894
Saline County.....	1894
Winnebago County.....	1894
Bohemian Med. Soc. of Chicago.....	1895
Physician's Club of Chicago.....	1895
Galva Dis.....	1896
Tri County.....	1896
Chicago Soc. of Internal Med.....	1897
Chicago Orthopedic Soc.....	1897
Chicago Neurological Soc.....	1897
Chicago Medical Examiners.....	1897
East St. Louis City.....	1897
Fulton County.....	1897
Gallatin County.....	1897
McDonough County.....	1897
Lawrence County.....	1897
Hardin County.....	1897
Warren County.....	1897
White County.....	1897
Vermillion County.....	1897
Chicago Pediatric Soc.....	1898
Chicago Laryngological Soc.....	1899
Sangamon County.....	1899
Decatur Medical Soc.....	1899
Chicago Surgical Soc.....	1900
Quincy Med. & Lib. Assoc.....	1900
Jo Daviess County.....	1900
McHenry County.....	1900
Moultrie County.....	1900
Pike County.....	1900
Schuyler County.....	1900
Carroll County.....	1900
Alton City.....	1900
Henderson County.....	1901
Henry County.....	1901
Montgomery County.....	1901
Union County.....	1901
Tri-City (Venice, Granite City and Madison) Med. Soc.....	1901
Jackson County, Re-organized.....	1901
Massac County, Re-organized.....	1901
Livingston County.....	1901
DeKalb County.....	1901
Urbana Soc. of Physicians & Surgs.....	1901
German Medical Soc. of Chicago.....	1901
Calhoun County.....	1901
Clay County.....	1901

TABLE II.

1850	
<u>29</u>	
1855	
<u>120</u>	
1860	
<u>150</u>	
1865	
<u>116 180</u>	
1870	
<u>124 220</u>	
1875	
<u>175 265</u>	
1880	
<u>179 342</u>	
1885	
<u>272 404</u>	
1890	
<u>295 375</u>	
1895	
<u>494 643</u>	
1899	
<u>450 650</u>	
1900	
<u>675 675</u>	
1901	
<u>1175 1175</u>	

TABLE I.—Showing name of local Societies affiliated with the Illinois State Medical Society and date of organization.

TABLE II.—Showing number of members and rate of growth of Illinois State Medical Society by five-year periods for fifty years and for past three years. Small figures indicate number paying dues. Large figures indicate nominal membership. Since the establishment of the Journal real and apparent membership is the same.

In nearly every instance these efforts have been kindly received and through them our membership is growing and I believe will continue to grow as long as the officers and members work unselfishly for the general good.

To those who have studied the problem of organizing the medical profession for effective work it is becoming more and more apparent that the true foundation of all society effort in our form of government is the county society. In cities of

large size it may be necessary to organize by wards or state senatorial or congressional districts. In sparsely inhabited counties the maintenance of a Society is a difficult matter at present and temporarily it will be necessary to combine two or more counties forming a state senatorial or congressional district into one Society. However, this should be only a temporary expedient and as rapidly as counties become more densely populated the physicians residing therein must be urged to organize for fre-

quent meetings if possible, for infrequent meetings, at any rate. No one appreciates the difficulties of keeping up interest in a county society organization better than I. Some of the reasons given for not maintaining an organization in certain counties might lead one to suppose that a party of school children were engaged in the important work of the medical profession or that those practicing were altogether lacking in that broad and liberal view of the common rules of courtesy and kindness which leads enlightened people to submerge personal differences and petty spites and labor together for their individual welfare and the general good. It has been shown over and over again that when the profession does not stand together, not one, but every one suffers. Physicians who do not respect themselves and each other receive no respect from the public. These are axioms which it should not be necessary to impress on the members of our profession.

There could be no better illustration of the value of an organization than is shown in Sangamon, my home county. It was the first county Society organized after the establishment of the Illinois Medical Journal. There had never been in all the history of the county, one of the oldest and largest in the state, a well organized Society although numerous attempts had been made. Every man's hand was raised in defense if not offense against his neighbor. The task of organizing a Society seemed well nigh hopeless. Fortunately a large number of young men had located in the county in recent years who knew not the afflictions of Israel and were anxious to go into an organization. The first meeting brought together a number which rivaled the attendance at some of our former state meetings. From that day to this the interest and attendance have never flagged; the members are drawn from five different counties; the papers read have been instructive and the discussions encouraging to the writers. Full reports have been published in the journal of the State Society. The State Society, instead of having in Sangamon county 16

members as in 1898, has today no less than 52 members. Better than all a distinctly better feeling prevails among the practitioners. In the past eighteen months, the following organizations or re-organizations have been completed:

Sangamon County, Dec. 11, 1899.
 Decatur, (Macon County,) Dec. 21, 1899.
 Schuyler County, Feb. 15, 1900.
 Alton, (Madison Co.,) 1900.
 Pike County, April 19, 1900.
 Jo Daviess County, April, 1900.
 Moultrie County, August, 1900.
 Montgomery County, September 11, 1900.
 Union County, January 22, 1901.
 Carroll County, 1901.
 Calhoun County, discovered, 1901.
 Tri-City Medical Society, Feb. 1901.
 Henderson County, 1901.
 Henry County, 1901.
 Jackson County, re-organized, 1901.
 Livingston County, 1901.
 De Kalb County, 1901.

At this time 48 of the 102 counties of the state have regular county organizations or city organizations representing the county, viz:

Chicago Medical Society, representing Cook County.
 Peoria Medical Society, representing Peoria County.
 Decatur Medical Society, representing Macon County.
 Alton Medical Society, representing Madison County.

In all there are some 88 different regular medical organizations in the state. I submit herewith a table giving the names and dates of organization of these societies which is nearly complete. Fifty-four counties in the state are without district organizations and get their representation through district societies which meet but once or twice a year, and which while very worthy organizations can never do the work of a county society. I can see no good reason why large and populous communities like Lake, Kane, Du Page, Whiteside, Grundy, Mercer, Knox, Iroquois, Tazwell, Logan, Christian, Edgar, Madison, Greene, Ran-

dolph, Marion, Jefferson and Wayne counties, should not have active society organizations. The membership of the county society should include every worthy practitioner within its boundaries. I say worthy advisedly because I know that there are a certain number of individuals in the profession who are not desirable material for a county or state organization. Persons who are known to be engaged in criminal practices should certainly be excluded. Malcontents and mischief makers intent on making trouble instead of promoting harmony should be barred from membership. It seems strange that I should say that only those persons having legal right to practice in this state, should belong to our societies. Our efforts at reorganization has, however, developed the fact that at least three counties have taken in as members men who were not legal practitioners. The mere fact that one holds a membership in a county organization should be notice to the world that such a person is qualified mentally and morally to practice his profession. Life insurance companies must depend on society lists largely in making up their quota of examiners and we owe it to ourselves to see that such faith should be well founded. A noteworthy sign of the times should be recorded here. A number of our societies have already received as members, men who are not graduates of regular schools. Others are debating the propriety of this action. It seems to me that a broad and liberal policy should prevail in handling this matter. When a practitioner of another school has progressed so far that he has renounced his sectarian views and is willing to apply for membership in one of our societies it would appear to be self evident that he has seen the error of his ways and he should be met in the kindest manner. I believe that the days of sectarianism in medicine are numbered. This movement toward our societies and schools proves it. We should do our part in abolishing this ancient scandal by making any reasonable concession to the repentants.

I have found that one of the most dif-

ficult communities to reach is that colossus of our state the city of Chicago. It is estimated that there are 2,648 regular practitioners in the city and that not more than 1,100 of these belong to any medical organization. Counting out the retired and disabled, it appears that fully one-half the total number or 1,300 have no society allegiance or restraints. That many of these men forget their professional duties and drift into commercial medicine does not surprise me. For their good and the protection of the good name of the profession some effort should be made to get them under restraining influences. This is particularly true regarding the young men.

Carrying out our theory of a representative form of government the representative of the county society in the transaction of the important business of the State Society should be the president of the local organization. He is or should be the true representative of professional opinion in the community from which he comes. He should in every case be a member of the State Society. If this provision were made by the constitution of the State Society a greater dignity would be added to the office of president of the county society. This might have a tendency to keep a good man in office as he would probably have an influence in the state organization, just as an old member of the United States congress or the state legislature is more influential and serviceable to his constituents. It would have a tendency to keep up an organization in a county because a county not having an organization and a president would not be represented in the important deliberations of the State Society. More than once in the past, men have pushed themselves into the nominating committee nominally representing societies which had no actual existence or who were themselves not members of the State Society. The State Society has grown large enough and strong enough to stop this unlawful practice and during this meeting I will ask the secretary to see that no one but regularly qualified members of this Society shall transact its business and furthermore that no Society shall be entitled to repre-

sentation on the nominating committee unless it can show to the satisfaction of the committee on registration that it has held at least one regular meeting during the past twelve months. I believe the Society will make no mistake in exacting this minimum requirement. There may be some complaint at first, but in the end all will appreciate the wisdom of separating the drones from the workers. Only live, active societies should be recognized. Those societies existing in name only, should be urged to active work or failing this, they should be stricken from the roll of the State Society.

Should our societies adopt the Connecticut plan or organization? I understand this plan to be that each member of the county society becomes ipso facto a member of the state organization and it is proposed to still further extend this idea by creating them by the same token, members of the American Medical Association. The county society collects the dues for the three organizations and remits to the State and National bodies. Theoretically the plan is ideal practically I am not sure that it would be a success. As has been already shown I believe the medical men of Illinois are in a fair way to work out their own salvation along the lines already laid down. I feel like urging the American Medical Association to change its by-laws and hereafter admit only members of the State Medical Societies to membership. The American Medical Association is now certainly large enough to be particular as to its membership and can well afford to protect the State Societies to this extent as it is only through the state organizations that any kind of control or discipline is possible. It is well known that men who have little standing at home and who do nothing to uphold medical dignity in the state in which they reside, get their credentials from some inferior or non-existent local medical society and make a great spread at the meetings of the national organization. We should have the support of the A. M. A., in putting a stop to this disgraceful state of affairs. Of course if the Connecticut plan should be adopted

by any considerable number of states, Illinois would certainly not be backward in changing her constitution. I would recommend that this subject be taken up by the judicial council and a report made on its feasibility at the next meeting. I have another item along this line to which I wish to call your attention. I am pleased to do so because it comes in line with what I have just said regarding the representation of local societies in the state organization. It is proposed to carry this same idea into the organization of the American Medical Association. In March, President Charles A. L. Reed appointed me a member of the Committee on Organization of the A. M. A. On April 2d, he wrote me as follows:

Cincinnati, April 2, 1901.

Dr. George N. Kreider,

President Illinois State Medical Society,
Springfield, Ills.

My Dear Doctor: I am gratified to advise you that the replies to my previous letter indicate a unanimous sentiment in favor of strengthening the bonds between the state societies and the national association.

May I ask that you consider this question in your presidential address? I cannot at this juncture submit a specific proposition, but I am advised by the very able committee on re-organization that it will recommend that the delegate body of the association be reduced to about 150 members. This small body will be called the "house of delegates," and will be elected by the various state societies in the ratio of one delegate to every 500 members, the president either active or retiring of each state society being, also, a member of this legislative body. This would create a thoroughly representative body, at once wieldy, capable of deliberation and conservative while being independent of influences local to the place of meeting. If this change could be effected, I am sure that we should at once banish the troublesome politics that so constantly mar our re-unions.

If you can see your way clear toward co-operating in this movement I suggest

that it would be well to have your society formulate a memorial to be presented at St. Paul.

Very sincerely yours,
Charles A. L. Reed,
President American Med. Ass'n.

I would recommend that the judicial council at once consider this matter and if this plan meets their approval and that of the Society I will be pleased to present such endorsement at the meeting of the committee to be held in St. Paul next month.

Should our dues be reduced? I think not. At the time the journal was established, two years ago, our treasury was empty and we were \$200 in debt. We closed the last year with a small balance in the treasury which will be somewhat larger this year. This satisfactory condition is possible only because our committees paid their own expenses and our judicial council have lost days of time attending meetings far from their homes, and hours devoted to important correspondence without any compensation. Our treasurer has given time daily keeping track of our 1,000 members for a mere pittance. His honorarium should be increased at this meeting as he is now doing at least three times the work done two years ago. The actual traveling and postage expenses of the judicial council and officers of the different sections should be paid from the Society funds. Each meeting of the legislature requires the expenditure of a certain sum by the committee on legislation. It formerly took us two years to meet this expenditure. This year this committee has done excellent work in organizing the profession. The expense for their work has been nearly \$900. About one-half this amount was raised by an appeal to the profession for one dollar subscriptions. The remainder has come from the Society treasury. In view of these facts it is apparent that we can not safely reduce the annual dues. Moreover I believe that no one will object to the payment of the present dues if the amount collected is used for the general advancement of the professional interests in this state.

Regarding the work of the legislative committee, too much can not be said in commendation. While they were not able to secure all the legislation desired, a great deal has been accomplished and several very important bills bearing on our interests were gotten through the legislature. Several bills of a hostile character were killed in committee. For the first time in years we have secured a respectable hearing. Our membership is now so large that we can not be ignored. Our influence is so great, and organization so perfect that we can bring telling pressure to bear on the politicians in a few hours. We should not, however, rest content with the present foothold. The legislative committee will tell us that if we wish to secure a new and better medical practice act, at the next session we must continue the work, begin now to formulate a bill and enlarge our membership still more. If we shall have secured 2,000 members by Jan. 1, 1903, I am sure it will be no difficult task to get such an act as we would be proud to father. This topic should not be passed without giving thanks to the medical men of the state who have responded to the appeals made to them and have talked, written and telegraphed to their members in behalf of the good bills and against the bad bills proposed in the general assembly. At least two prominent politicians in this state have felt the force of medical opinion during the past year. They now know that the profession of Illinois is something to be considered.

The judicial council as a result of the preliminary meeting last year has taken on new and important functions which I believe all will agree, have been performed with admirable tact and discretion. As a result of the advanced stand taken by the Society, a better state of affairs will hereafter prevail in the institutions of the state dedicated to the care of the unfortunates. We have in a manner taken them under our protection and have made the just demand that hereafter the superintendents and attending physicians shall be sane and learned members of our profession. If the Illinois State Medical Society has ac-

accomplished nothing but this one reform in the past ten years this alone would justify all the time and effort spent in keeping up the organization. This work has, however, only had its commencement. We should now demand that hereafter the medical men connected with these institutions, having once proven their fitness, should remain undisturbed by scheming politicians and ward heelers. Then and only then will our asylums and hospitals reach their highest grade of efficiency. Then and only then will the 8,000 unfortunates confined in our state charitable institutions receive the treatment to which we believe they are entitled.

Our neighboring state, Indiana, has furnished us a brilliant example of such a policy which should long since have been followed in our own state. Had this been done, Dewey would still be giving his valuable services to the state and the long train of scandals resulting from his removal would have been avoided. I must not neglect to mention the fact that Governor Yates has up to this time faithfully kept his ante-election promise and given this society every possible consideration. Speaking of insane hospitals serves to remind me of the desirability of maintaining in Chicago in near proximity to the medical schools a detention hospital for the insane where clinical training may be given the future practitioners in this state. A moments consideration will reveal the unfortunate isolation of the 8,000 patients in our state hospitals for the insane. If a small hospital were maintained in Chicago the instructive cases might be removed there and valuable information given to the 3,500 medical students assembled in this, one of the greatest medical centers of the world. The effect of such instruction would be shown in the future and a reduction instead of increase in insanity would undoubtedly result. This need in no way conflict with the idea of choosing internes from the different colleges to reside for a certain term in the insane hospitals as has been proposed by Dr. Brower and others. I heartily endorse this movement.

Taking advantage of the presence of a large number of the profession and our members at the banquet tendered Prof. Fenger in November, I called a meeting at the Auditorium Hotel to interest those attending in increasing our membership. It was fairly well attended and some good was accomplished. This leads to the thought that during every session of the legislature the members of this Society should be called together at Springfield for one day for active work on the members of the general assembly. I believe a day devoted to this by four or five hundred of our members after plans have been laid by the legislative committee would have a wonderful effect. An impression would be created which would carry through nearly every bill we might propose.

Shall the scientific work of the Society be divided? The attendance at our annual meetings has now reached a number sufficiently large to warrant the consideration of a division of its scientific work into two sections. Under the present plan the greatest difficulty is had in procuring sufficient time to read all the papers prepared for each section. Discussion which should be the most valuable part of the meeting is either shut off altogether or very limited. The chairman knows the limitations of time and does not call out the members as he might. The members perceive the lack of time and do not feel free to take part in the discussion. In 1893 the section plan was attempted in Chicago and failed. The attendance then was comparatively small and very little attention was paid to the meetings of the Society because of the distraction of the exposition. Eight years ago the interest in medicine and surgery was not so nearly equal as at present. Surgery was quite supreme then, but now I am sure medicine is as attractive to many of our members as surgery. In the future meetings two rooms might be secured near each other so that members might readily pass from one to the other. I would recommend that this plan be tried at the next annual meeting.

For several years the Indiana State Society has maintained a sort of pathological

museum at the annual meetings and last year the idea was taken up by the American Medical Association. I believe a modification of the museum idea could be adopted at our meetings with good results. I believe it would be a good plan to have an hour early in the morning set apart for lectures on the specimens submitted. These lectures could be given by the pathologist in attendance and doubtless many of the members would be pleased to attend them. Drs. Herzog and Sutton were appointed president and secretary of a provisional section on pathology, but owing to a misunderstanding nothing has been accomplished for this meeting. I hope that this matter will be taken up in the near future and be developed as it should be. This and many other improvements and reforms will be the work of the future. Just here it may not be amiss to call attention to the fact that the 80th birthday of the great pathologist Virchow will be celebrated in the near future. It is proposed by scientific men throughout the world to make the occasion memorable by establishing a fund bearing his name and devoted to original research. I would recommend that this Society donate not less than \$25.00—100 marks to this fund, as a testimonial of our appreciation of the scientific attainments of the venerable physician and scientist.

Colleagues, my work is done. The high office to which you have elected me will soon pass into the hands of another for whom I bespeak the same kind treatment and active co-operation you have accorded me. I thank you.

COMMITTEE REPORT.

Report of the Committee to take action on the suggestions as made in the President's annual address:

I.

Resolved, That all local societies be represented on the nominating committee

and in the business meetings by their retiring President, with the Secretary as alternate.

II.

Resolved, That provision be made for the Society to meet for the transaction of scientific business in two or three sections at the same time.

III.

Resolved, That the subject of Pathology be added to Section 3.

IV.

Resolved, That this Society urges upon the County Commissioners of Cook County and upon the State officials to furnish every facility for clinical instruction in mental and nervous diseases in the Detention Hospital in Chicago, and in the insane hospitals at Dunning and throughout the State, to the end that the profession may be more thoroughly instructed in these diseases and thus be able to more often detect them in their incipency, and apply early treatment, whereby many more would be speedily cured, much distress would be relieved and expense saved.

V.

Resolved, That in the interests of the patients and of humanity, a full corps of internes should be appointed for each of the insane hospitals in the State, who should be selected upon competitive examination from the best legally qualified graduate physicians who apply for the positions.

VI.

Resolved, That the principles of the civil service merit system should be adopted in the appointments, service and conduct of affairs of all State charitable institutions.

E. F. Ingals,
B. B. Griffith,
H. T. Patrick,
R. C. Matheny,
Committee.

THE DUTY OF THE STATE IN REGARD TO TUBERCULOSIS.*

BY GEORGE W. WEBSTER M. D.

The performance of our duties depends upon life; and the performance of them with vigor depends upon health, and we are, or at least ought to be, strongly affected by whatever threatens the destruction of either. I propose to talk to you to-night in regard to a disease which menaces both; and our duty in regard to it. We can at no time neglect our duty in this matter without guilt, and, be assured, we will not be able to do so long without sacrifice. No partial, narrow, contracted, pinched, occasional method will do or will be suited to attain the desired end.

The disease to which I refer is tuberculosis, or consumption. It is sometimes referred to as the "great white plague." Bunyan called it the "Captain of the hosts of death." It is the cause of one-seventh of all mortality. It causes about 150,000 deaths in the United States every year. This is one death in the United States every three and one-half minutes, night and day, throughout the year. This is more than the number of those killed on both sides in the battles of Gettysburg and Waterloo.¹ The annual death rate from this disease alone in the United States is greater than the annual death rate from all causes among the Federal soldiers during the Civil War.

Our State has a population of about 5,000,000. The average death rate is 12 per thousand living, which gives us 60,000 deaths annually in Illinois from all causes, and one-seventh of these gives us 8,500 deaths from tuberculosis in Illinois each year. In our large cities it causes more deaths than diphtheria, measles, scarlet fever, typhoid fever, meningitis and small-pox combined.

Vaughn² estimates that one in every sixty of the population is tuberculous, making a total number of sufferers from the disease in the United States at the present

time considerable over a million, and in the State of Illinois over 83,000. Of the five millions of people living in our State to-day, one-seventh, or over 700,000, will die of tuberculosis. The relative mortality is not uniform in all parts of the world or of this country. It is directly proportionate to the density of the population, and naturally associated necessarily with aggregation and indoor life, malnutrition and unhygienic surroundings. The law allows \$5,000 for a life. At this rate, this scourge costs the United States \$750,000,000 annually, and the State of Illinois over \$40,000,000.

It is an infectious, communicable disease. Personal contact is not required to communicate it. It is caused by the tubercle bacillus. It is estimated that a case of moderate severity expectorates seven billions of these germs in twenty-four hours. They resist destructive processes and even putrefactive processes for months. They are eaten by flies, live in their bodies and may be found in their excretions and both may contaminate foods, as milk, meat and butter, and thus be a means of spreading the disease. Ambulatory cases may thus be a far greater source of infection than those who are bedridden, particularly if they are not careful in the care of the sputum.

Modes of Communication.—It may be communicated by the inhalation of the germ with the inspired air, as in dust, etc., or it may enter by way of the alimentary canal with the food, and here cause local inflammation, or find its way into the blood stream and ultimately lodge in the lungs or the meninges or in other parts of the body, causing either local or general tuberculosis. It is communicated from animals to man and from man to animals. It not only afflicts human beings, but affects many of the lower animals as well. There are 17,000,000 milch cows in the United States valued at \$370,000,000. From 15 to 40 per cent of these are tuberculous. Some herds in Illinois³ have shown 100 per cent reacting to the tuberculin test.

Heredity has for generations been regarded as the chief mode of propagation

* Read at the Fifty-first Annual Meeting of the Illinois State Medical Society, Peoria, May 21, 1900.

of tuberculosis. The lay mind and even many medical minds have been, and still are, imbued with the idea that it is a hereditary disease; that the afflicted ones are foreordained to death, and that little or nothing can be done to prevent it, and that less can be accomplished in the way of cure.

Nothing could be farther from the truth. The peculiar "build" or form of chest and type of tissue in which tuberculosis is likely or prone to develop may be, indeed is, inherited; but the disease itself very seldom. What is inherited is not the disease, but a tendency, a lessened resistance to infection, not alone in regard to this one disease, but what is inherited is rather an increased vulnerability to adverse conditions of all kinds.

This is well shown in the case of cattle. Although over 15 per cent of them in all countries are tuberculous, it has been shown⁴ that in the German slaughter houses where this matter has been carefully studied under rigid government inspection, only 1 calf in 100,000 is tuberculous, and also, that where calves born of tuberculous parents are immediately removed from the mother and fed on pure milk and kept in hygienic surroundings, they seldom develop tuberculosis.

While tuberculosis among people of all ages is decreasing, intestinal tuberculosis in children during the milk consuming period has increased, estimated* at 27 per cent since 1857 in England, and at the present time 8 per cent of the total deaths of children under one year of age is due to abdominal tuberculosis.

Children born of tuberculous parents acquire the disease because they may inherit the predisposition, and because they are living under circumstances most favorable for infection.

It Is a Preventable and Curable Disease.—Fifty to 75 per cent of the incipient cases may be cured. Private care and past knowledge and methods have proven inadequate to stay the progress of the disease, and now most private hospitals are closed to the victims of this dread scourge, because of its recognized infectious character and the consequent danger to others.

Under these circumstances and with these facts staring us in the face, what are the remedies to be utilized, and what is our duty in regard to the matter?

Analogy and our natural hopefulness lead us to believe that the day is coming when this most dreadful scourge of humanity will be brought under the yoke, its spread prevented, its terrors minimized. Special measures directed against the recognized means of spread of this malady should be universally adopted. The great obstacles to be overcome are a tendency to disregard the rights of others and ignorance of duty and of the disease. The remedies must therefore be legislative for the former and educational for the latter. Let us consider the right of the State to legislate in these matters, the rights of the public, the rights of the individual; then the legislation which seems desirable, and lastly, education.

The Authority of the State.—We read in the Declaration of Independence of the United States: "We hold these truths to be self-evident, that all men are created equal; that they are endowed by their Creator with certain inalienable rights; that among these are life, liberty and the pursuit of happiness. That to secure these rights, governments are instituted among men."

We read in the preamble to the Constitution of the United States: "We, the people of the United States, in order to form a more perfect Union, establish justice, insure domestic tranquillity, provide for the common defense, promote the general welfare, and secure the blessings of liberty to ourselves and our posterity, do ordain and establish this Constitution of the United States of America."

Our Government was instituted upon the principles laid down in the great Magna Charta, and therefore has as one of its foremost duties the preservation of the lives and health of the people. The term "provide for the common defense" should not be narrowly applied in a personal sense, or even defense against foreign invasion. It means defense against any danger for which man has attempted a defense. The

citizen has the same right to protection against contagious disease that he has against a foreign foe.

Our laws are based largely on the Common Law of England, which sums up the rights of individuals under three heads—"the right of personal security, the right of personal liberty and the right of personal property."

It defines "the right of personal security" to consist of a "person's legal right and uninterrupted enjoyment of his life, his limbs, his health and his reputation." Just as danger from invasion by a foreign foe may be beyond the control of the individual, so diseases, particularly the infectious diseases, are beyond the control of the individual and as great a menace to the "life, liberty and pursuit of happiness" as are the dangers of invasion by a foreign foe. The latter is looked after by the army and the navy, and the former by the Department of State Medicine. State Medicine is charged with the protection of the health of the people from dangers which are beyond the control of individual effort. Its functions are the outgrowth of necessity.

It may be defined as "the connection of the State with the branch of science which relates to the prevention, cure or alleviation of the diseases of the human body."

"The authority⁵ of the State is inherent and plenary power which resides in the State, to prohibit all things hurtful and to promote all things helpful to the comfort, welfare and safety of society.

"State⁶ Medicine is the application by the State of medical knowledge to the common weal, and embraces every subject for the comprehension of which medical knowledge, and for the execution of which the legislative and executive authority of the government are indispensable."

"The police powers of the State are plenary and inalienable, co-extensive with the natural right of self-protection; their exercise is demanded and justified by the "law of overruling necessity;" they are the foundation of all laws and regulations for the well-being of government of the people, and especially of all laws, ordi-

nances, rules and regulations for the preservation of the health or safety of the community."⁷

Chapter 24, Section 62, of the Revised Statutes of Illinois, gives city councils in cities and boards of trustees in villages, power to appoint a board of health and prescribe its duties, and power also "to do all acts, make all regulations which may be necessary or expedient for the protection of health or the suppression of disease."

Concerning the force and effect of this power, the Supreme Court of Illinois, in the case of *Mason et al. v. The City of Shawneetown*, says: "When an incorporated town or city has been invested with power to pass an ordinance by the Legislature for the government or the welfare of the municipality, an ordinance enacted by the legislative branch of the corporation has the same force and effect as a law passed by the legislature, and cannot be regarded otherwise than as a law of and within the corporation. An ordinance is the law of the inhabitants of the municipality.

Further quoting from an opinion of the Attorney General of Illinois: "Judge Dillon⁸ lays down the rule that every citizen holds his property subject to the proper exercise of the police power which power Judge Scott⁹ defined to be 'that inherent and plenary power in the State which enables it to prohibit all things hurtful to the comfort safety and welfare of society.'"

Judge Dillon further says of this power: "Of this nature is the authority to suppress nuisances, preserve health, prevent fires, to regulate the use or storing of dangerous articles,¹⁰ to establish and control markets and the like. And again he says: "Our municipal corporations are usually invested with power to preserve the health and safety of the inhabitants. This is indeed one of the chief purposes of local government."

The work of State Medicine relates to medical education, quarantine, sanitation, education of the people in sanitary laws, the organization and maintenance of institutions for the sick and infirm, hospitals, dispensaries and sanatoria; of asylums and educational institutions for idiots and fee-

ble-minded children, for mutes and the blind; public hygiene and preventive medicine.

State Medicine began in England over fifty years ago, and in the United States it began in Massachusetts with the formation of the State Board of Health in 1869, and in Illinois with the creation of a similar board in 1877. At present there are forty-three State Boards of Health in the United States and one in the District of Columbia. A National Board of Health was created by an act of Congress, the bill being approved March 3, 1879. It died in 1882 when the President transferred his "discretion" in the use of the "epidemic fund" to the Secretary of the Treasury, thus leading a writer in the *Sanitarian* to suggest that the country was in need of political drainage as a general sanitary measure.¹¹

Practical, sensible, scientific State Medicine had its beginning in the discovery of the tubercle bacillus by Koch in 1882, and the cholera bacillus in the following year. Previous to that time much was done that was necessarily empirical, valueless, inharmonious and even ridiculous. Since then marvelous strides have been made in acquiring accurate scientific knowledge of diphtheria, anthrax, yellow fever, bubonic plague, typhoid fever, tuberculosis, malaria and the various infectious diseases.

But the layman has not kept pace with the march of progress, and his dissatisfaction and distrust are due to the fact that the present situation is not fully understood. Greater knowledge on the part of the profession in regard to the nature of the infectious diseases, their cause, mode of spread, best means of control, will lead to uniformity of action on the part of health officers, and the education of the public will insure the co-operation and support necessary to their proper enforcement.

The present chief obstacle in the way of securing efficiency in sanitary law is the interpretation by our courts, that an evil condition must exist before a legal remedy can be applied. We should have the legal power to deal with causes, rather than with the disease itself, to act when neces-

sary instead of being compelled to wait until confronted by the disease itself.

State Medicine is of strictly modern growth. It will be seen to comprehend a systematic effort to work out certain reforms—to protect the public. It is an organized, consistent and persistent effort toward the accomplishment of well-defined ends.

While the right of the State is derived from the duty of the State, individual rights must not be ignored. The individual should be permitted the greatest latitude so long as he does not interfere with the rights of his neighbor, and the State should steadfastly refrain from doing for the individual what he can well do for himself.

In our eagerness to accomplish certain ends, in themselves desirable, we are apt to forget this principle and lose sight of the question whether it is one which properly devolves upon the State, or properly belongs in the domain of individual effort. Upon the medical profession to a large extent, at least, devolves the duty of executing the will of the State. This should be done in such way as to accomplish the greatest good without unnecessary interference with the private rights of the citizen. If we would avoid harsh criticism our acts must be above just censure. We must look to the public for justification; the conviction that what is proposed is not only beneficent, but necessary, and could not be satisfactorily accomplished by private or personal effort. It is thus established that protection against disease is an inherent, inalienable right, promulgated in the Declaration of Independence, declared in the preamble of the Constitution and upheld by the Supreme Court.

It is thus seen that it is the recognized right of the State to insist that persons afflicted with an infectious disease shall not be a source of danger to others.

It follows logically that, from the standpoint of self-protection it becomes the duty of the State to care for all those so affected that are too poor to care for themselves and who are not cared for by other public or private charitable institutions.

As to the rights of the consumptive poor, they have the same rights as other paupers. They have the additional and valid claim that they have become the victims of a communicable disease which it is the duty of the State to at least try to prevent. Also that they are a menace to others, as well as for economic reasons; and, lastly, humanity and charity.

Our State has been prompt, energetic and scientific in the prophylaxis of the acute contagious diseases, but there seems to be a decided apathy in regard to tuberculosis, probably because of a want of reliable, trustworthy information in regard to its infectious nature.

Legislation.—Legislation will, if wise, be of inestimable value. Let us consider briefly those laws which seem to be desirable at the present time..

National Department or Board of Health.—We should have either a National Board of Health or a National Department of Health, with a Commissioner or Secretary as its head or chief, as was urged by the committee of both the Pan-American Congresses in 1893 and 1896, as well as by the Committee on Medical Legislation of the American Medical Association and embodied in the Spooner bill.

There is no reason why there should not be a national head, with national unity, working for the best interests of all, working harmoniously with the various State Boards of Health. There is no more danger of conflict of authority or disagreement here than between the National Government and the State Governments. This would permit of organization of a broad, comprehensive character, and might lead to a greater degree of uniformity in regard to State sanitary laws, and a greater degree of reciprocity between State Boards of Health, as well as more nearly uniform requirements for the degree of Doctor of Medicine.

Such a board would have charge of all that pertains purely to national questions, such as national and seaboard quarantine, interstate quarantine, sanitation in relation to interstate railway transportation, pollution of streams, etc. It should aid and en-

courage State and local boards, and by a hearty co-operation work together for the good of all. There should be no more danger of a clash between them than between the Federal troops and the National Guard of the State.

The second requirement is for a law which enables the State Board of Health to secure complete and reliable information in regard to all births and deaths occurring in the State. This is rightly regarded as the foundation of all valuable work in State Medicine. At present it is only in the large cities of the State that a physician's certificate of the cause of death is required. Such a bill is now before our State Legislature. (Since writing the foregoing the bill has been passed, thus placing our State once more in the front rank as far as desirable, progressive medical legislation is concerned.)

The third requirement is for State Sanatoria for the care of the tuberculous poor not otherwise provided for. That this form of care is a duty of the State I have already shown. If further evidence is needed, it is shown by the following facts: The establishment of sanatoria by the most progressive of European governments; England and Germany are ahead of us in this respect. The latter country has over fifty of these government hospitals for the care of the tuberculous cases only, and will soon be able to treat 20,000 persons annually, each for three months. This duty is officially recognized by both the army and navy. By the army in the establishment of a hospital at Fort Bayard, N. M., for consumptive soldiers, in accordance with an order issued by the War Department August 28, 1899. By the navy in the establishment of a similar Sanatorium at Stanton, N. M., by the Marine Hospital Service, in accordance with the orders of Surgeon General Dr. Walter Wyman. Several States, led by Massachusetts and New York, have established State Sanatoria, and several other States have bills pending.

The objections to such an institution are few and easily met. They are: The expense to the State; the alleged danger to those living in the immediate neighbor-

hood of the institution, and the question of the value of the method.

Dr. John A. Robison clearly demonstrated to you this morning that no proposed form of taxation is, or will, be as expensive to the State as the loss to the State directly and indirectly by the ravages of the disease. Besides, the State has no more right to hesitate in regard to tuberculosis than it has in regard to small-pox or yellow fever.

I wish here to protest against this being considered a matter of State charity. It is no more a matter of charity than is the building of battleships and coast defenses, or the maintenance of a standing army. As to the allegation that such an institution would be a menace to the health of the citizens in the immediate neighborhood, this is not borne out by the evidence.

Dr. E. L. Trudeau of Saranac Lake Sanatorium, New York, tells us that not a single nurse, physician or attendant has acquired tuberculosis in that institution in fifteen years.

In Goerbersdorf and Falkenstein, in Germany, where five of the largest sanatoria for consumptives are located, the mortality from tuberculosis has actually decreased among the village people more rapidly than elsewhere, and is one-third less than before the establishment of these institutions.

In 1897 and 1898 there were 8,200 cases treated in the German Sanatoria, 75 per cent of which left the institutions fit for work.

Of those discharged in 1898, 95 per cent were at work January, 1899; of those discharged in 1897, 97 per cent were at work January, 1899; of those discharged in 1896, 100 per cent were at work January, 1899.

It might be mentioned that these State Sanatoria in Germany are possible, because every working man and woman earning less than \$500 per year is compelled to insure with the State against sickness and old age.¹²

During the year 1900 there were 332 cases of tuberculosis under treatment in the North London Hospital at Hampstead, England, 70 per cent of which were dis-

tinctly or much improved. This means gain in weight, improvement of physical signs, diminished expectoration, lowered temperature and better general condition.¹³

Dr. E. L. Trudeau of Saranac Lake Sanatorium, reports the apparent cure of 68 per cent of all incipient cases. Let us not forget, however, that the State Sanatorium is not intended to be chiefly remedial. It is, first of all, for the protection of the public; secondarily, educational, and incidentally, remedial. As a center for the dissemination of correct hygienic measures and methods, it is of the utmost value. It takes the patient away from home, where he is the focus of infection.

At the meeting of the National Association of England for the prevention of consumption, March 25, 1901, Dr. T. Clifford Allbutt expressed the opinion that, of the early cases, 80 to 90 per cent might be cured in sanatoria; those with physical signs, 50 per cent; later cases, 10 to 20 per cent.

Dr. Otis at the meeting of the American Climatological Association, Washington, D. C., May, 1900, said¹⁴ that in the previous year at the Massachusetts State Sanatorium, 64 per cent of the incipient cases and 30 per cent of all cases were discharged as arrested.

The patients are educated in proper methods of hygienic living and taught their duty to themselves, one another, their families and the State. Ignorance and prejudice are the great obstacles in the way of advance in sanitation and hygiene, and sanitation will do much to wipe out both.

Requirements of a Sanatorium.—The Forty-first General Assembly of the Senate and House of Representatives of the State of Illinois directed the State Board of Health to investigate the advisability of establishing a State Sanatorium for consumptives in Illinois, and to report thereon to the Governor of the State. The Board did as directed and reported favorably, and ex-Gov. Tanner in his message urged that it be established. He said: "I am firmly of the opinion that for the care of such an enormous number of invalids, State care is essential, and I hope that the Legislature

will realize the situation and give the necessary relief."

A suitable bill was introduced in the Legislature, but did not receive the needed support and failed to pass. It is to be hoped that by a campaign of education vigorously and consistently prosecuted, we may be able to secure the passage of a suitable bill at the next meeting of the Legislature two years from now. Such an institution should be absolutely under medical control, and as free as possible from commercial and political entanglements. It should be chiefly for the incipient cases, but provision should be made for the reception of all cases.

Dr. Knopf is undoubtedly right when he says that it should be located near the large centers of population, where it will do the greatest good for the greatest number. It should be of the pavilion plan, and there seems to be two good and sufficient reasons for having one pavilion or part set apart for the use of the advanced cases; in other words, an isolation hospital. First, for the care of the advanced cases, those being of greater danger to others; and, second, for the treatment of those who, through ignorance or viciousness refuse to follow the ordinary sanitary rules or precautions which should be followed.

If, after all our efforts in behalf of the consumptive are chiefly for the protection of society, then all laws must be such as will compel him to rapidly observe all sanitary rules. Obviously this cannot be done by the consumptive pauper unless the State provide a means to that end.

The isolation hospital should be a separate building on the same grounds as the sanatorium. It should not be called an Isolation hospital, as it would be difficult to get people to go to it. If any cases among the incipient ones became worse they could be transferred readily.

Notification—The fourth point on which wise legislation will be of great value in preventing disease and saving life is that of notification to the proper authorities of the existence of all cases of tuberculous disease. This is a radical step in some respects in advance of the times and yet I am

firmly convinced of its efficacy and wisdom and ultimate adoption. It should be clearly understood by all at the outset that the measure is not for the purpose of imposing any additional burdens on the sick or curtailing their personal liberty or infringing on their personal rights. Neither is isolation wise or desirable, at least at present. While it is primarily intended to secure to the well that protection which they have a legal right to demand, the greatest benefit will accrue to the sick. They will be furnished with the latest and best information and advice in regard to the best methods of treating and curing their malady, and will enable them to minimize the dangers of infecting the members of their own families or the public and they will be able to secure State aid when needed.

All Boards of Health should place consumption on the list of communicable diseases, and all cases should be reported to the local health officer. All this information should ultimately reach the State Board of Health, its functions being advisory, helpful and co-operative.

With the efficient State organization which we now have, and in connection with the recently enacted law in regard to vital statistics, local health officers or the attending physician should register the name, address, sex and age of every person suffering from tuberculosis in his respective jurisdiction, and forward the same to the health officials. If reported by the attending physician, he should report also whether or not he is willing to assume the responsibility of furnishing the necessary information to the patient in regard to the nature of the disease, and the carrying out of the necessary hygienic measures. If not, then this work should be done by the inspectors, they visiting the person or premises, leaving circulars of information, giving directions in regard to the best methods of preventing the spread of infection, and attending to the disinfection of the premises.

Premises known to the local health officer to have been vacated by a consumptive by death or removal, should be visited, inspected, orders given in writing for the

proper disinfection of clothing, rooms, etc., and no one else should be permitted to live in the house until these rules have been complied with. The authorities could furnish prospective tenants with a proper certificate setting forth the facts.

Notification with inspection should also provide that where the patients are too poor to carry out the instructions of the Health Department, or where for other reasons, vicious or otherwise, they fail to do so, the board should have the power of compulsory removal to and detention in the hospital.

It might be wise to begin with voluntary notification, the work being made purely educational; teaching the people by means of leaflets, lectures, etc., that their interests alone are sought. As showing the influence of education of the people in sanitary matters, it is refreshing to learn¹⁵ that in England in the last year, twenty-one towns and districts have adopted voluntary notification of tuberculosis.

A fee of 25 cents should be paid for reporting the case. The following are among the points which may be fairly urged in favor of notification:

1. First of all, no disposition to curtail the rights of anyone so long as he is not interfering with the rights of others. At this point the well have rights which the State is bound to protect. Ordinarily it is no curtailment of individual right, but suppose it did. Do we consider this point in regard to small-pox?

2. Free disinfection of premises during the course of the disease and after the death of a patient; and before premises are occupied by another tenant.

3. It enables the authorities to carry on a campaign of education where the people are interested and vitally concerned, and where such information will be utilized and made available and valuable.

4. Gratuitous examination of sputum to confirm suspicions.

5. It would lead to immediate investigation of the premises, and any defects in housing or aggregation could be corrected.

6. Uniform health laws.

7. At a recent meeting of the New

York County Medical Society, Dr. Herman M. Biggs of the Department of Health stated as the result of twelve years of work and experience that there had been a reduction of over 35 per cent in the mortality from consumption in New York since 1886, and believes that this can be further reduced, and attributes it largely to notification.

Inspection of Cattle and Foods.—State Medicine deals directly with the restriction of the dissemination of tuberculosis by means of infected milk and dairy products. Individuals are practically powerless in overcoming the difficulties encountered in endeavoring to secure for the markets a pure milk supply, free from contamination with tuberculosis. State action alone is efficient in dealing with the question.

Since the identity of tuberculosis in man and that of the lower animals has been established, and since the astonishing prevalence of tuberculosis among milch cows has been demonstrated, it being over 20 per cent in several countries, the responsibility of the State in preventing the spread of tuberculosis by infected milk is simply enormous.¹⁶

This is especially true since efficient means are at hand by which tuberculous milk may with certainty be excluded from the markets. The employment of radical measures in stamping out tuberculosis in cattle has become a burning issue.

Dr. Martin of the Royal Commission of England says: "The milk from cows with tuberculous udders possesses a virulence which can only be described as extraordinary."

Dr. Von Ruck of Von Ruck's Sanatorium, Asheville, N. C., says: "Judging from the histories of many thousands of cases from all over the United States, the majority, in my opinion, had their origin in the ingestion of tuberculous food of some kind."

Dr. F. W. Smith of the New York State Board of Health has said:¹⁷ "The first great step toward the prophylaxis of tuberculosis in man is to stamp out the disease in cattle."

The importance and practicability of this statement cannot be overestimated. The infallibility and the demonstrated harmlessness of the tuberculin test has made this possible, and it has been demonstrated by the State Board of Live Stock Commissioners as well as by many private dairies in this State that it is possible by the systematic use of the tuberculin test and the gradual weeding out process to stamp out the disease from the tuberculous herds without great expense to the owners.

Partial compensation by the State for condemned cattle and proper quarantine measures while breeding tuberculous stock reduces the expense of the individual to the minimum.

Bulletin No. 1 of the Illinois State Board of Live Stock Commissioners shows conclusively by the experiments of Drs. Gehrmann and Evans that tubercle bacilli may appear in the milk of cows in which the udder is not affected by tuberculosis. The importance of this cannot be overestimated since milk from cows having even small foci, remote from the mammary gland, is apt to contain the bacilli and is therefore unfit for use. The extreme liability of milk to become contaminated, and the frequency of tubercle bacilli finding lodgment in the mammary gland is readily understood when we consider the enormous amount of blood that circulates through these organs. The large percentage of tuberculous milch cows is accounted for by the excessive strain of continued lactation, over-feeding and premature breeding that many of the dairy herds are subjected to. There are regulations as to cattle in twenty States. Rigidly enforced in Illinois, New York and Massachusetts.¹⁵ In the two latter States tuberculosis is declining.

Illinois has had very satisfactory laws in regard to tuberculous cattle for fifteen years, and the Illinois State Board of Live Stock Commissioners is doing magnificent work. Up to the time of the last report, ending October, 1900, 3,373 cows had been tested, 528 of which were condemned.

Five thousand dollars is appropriated by the State yearly for cattle destroyed, to partially compensate the farmers.

In accordance with the recommendations of the Board, Gov. Tanner issued a proclamation, taking effect July 1, 1899, prohibiting the importation of dairy or breeding cattle into Illinois from any other State or Territory until after they had been tested by tuberculin by inspectors recognized by the State Board of Illinois. If the same rigorous measures were adopted and as rigidly enforced throughout the United States, tuberculosis in cattle would soon be stamped out.

Legislation is needed to prevent school children and school teachers from attending school if suffering from tuberculosis. Such a bill is pending before the Legislature in New Jersey. This disease should be especially guarded against by medical inspectors of public schools in our large cities; school inspection should be continued.

Laws should be enacted making compulsory the disinfection of public halls and places of amusement, public vehicles and railway cars, and especially sleeping cars. Looked at from a commercial standpoint, this has been recognized by some of the companies, and efforts made in this direction. Such corporations should receive the endorsement and patronage of the traveling public.

There should be laws in all other States such as Illinois now has for the inspection of lodging houses. We should also have better laws for the inspection of sweatshops, factories where the trades are such as to favor the development of tuberculosis. Also for the inspection of monasteries, convents, jails and penitentiaries.

Dr. W. H. Blake of the Board of Inspectors of Convicts, Alabama, reports percentage of deaths in State penitentiaries as follows:¹⁹ Mississippi, 20; Arkansas, 20; Florida, 30; Ohio, 31; Michigan, 33; Virginia, 41; Kentucky, 42; Joliet, 70; Huntsville, Tex., 66; Connecticut, 60; Tennessee, 65. In 1897 every death was due to consumption. "A humane, intelligent citizenship will endorse the administration that carries out the prison reform suggested."

Prisons.—Seventy per cent of all deaths in Joliet are due to tuberculosis. The

State has the right for just cause to deprive a man of his liberty, but not the right for the same offense to rob him of his health or life. The healthy convict, whether a long or short term man, has the right to demand proper sanitary surroundings and protection against infection. The fact that he is a convicted felon does not enter into the problem at all. It is not a question of sentiment, but one of justice and humanity.

There should be suitable laws to prevent the marriage of the tuberculous. The smoke nuisance in large cities should be abated. We should have adequate and wise legislation in regard to bakers, bread handlers, cigar makers, cooks, distributors of milk and dealers in second-hand clothing.

It would seem that the public and the private conscience ought to be sufficient, and yet the fact remains that it is wholly inadequate. I know of an instance where one of the cooks who prepares the food for the sick in the wards of a large hospital has had pulmonary tuberculosis for nearly two years.

Education.—After all, this is the question which is of supreme importance. If tuberculosis is to be stamped out or its ravages lessened, it must come through education. If the people are educated in regard to their rights they will demand them; and in regard to their dangers, they will avoid them, as the latter is one of the primary appetences of the human mind. It can never be accomplished by legislation alone, no matter how wise or humane or desirable. Very little can be accomplished by a law that is higher than public opinion, as it cannot and will not be enforced. What means should be adopted to disseminate this knowledge, and what should be taught?

One of the most potent agencies is the public press. Societies should be formed and more attention should be given to State Medicine and this particular phase of it in our local medical societies. The State Board of Health should officially declare the disease infectious and should then institute a vigorous campaign of education, as is done, for example, in Pennsylvania.

Arrange for adequate courses of instruc-

tion in hygiene in the normal schools, especially with regard to ventilation, infection, etc., making these courses broad, scientific, practical and obligatory. Extend this teaching in regard to those physical characteristics and unhygienic surroundings which predispose to the development of the disease. Have them so well informed that they in turn can do good work along the same lines in the public schools.

Have lectures along the same lines as the University Extension courses for the education of the public along the lines of hygiene and sanitation, with especial reference to tuberculosis. Divide the State into districts and have some one look after this work in each district. Have special literature and all the latest information sent to all reported cases, as well as others applying for it.

What shall we teach, and where shall we begin? Begin with the physicians themselves. Teach them to be honest and tell the truth. By the term honest I mean honest enough to acquire a full knowledge of the subject, to make a careful examination and not put the patient off with the statement that he has a "bronchial trouble;" honest enough to make a bacteriological examination of the sputum in suspected cases, or to send it to some one who can and will; honest enough to take time to instruct the patient in regard to the infectious nature of the disease and the danger to his family, friends and the public, and their duties to them. Teach them the value of an early diagnosis, and, if necessary, how to make it. Teach them to be frank and tell the truth. Teach the people the facts which I have stated in regard to the disease; teach them that ignorance, overcrowding, intemperance, poor ventilation and contaminated foods are the chief sources of danger, and must be met by education, rigorous cleanliness of the home and the person. Teach them that they are a source of danger to others; and with this their duties to themselves, their families and the public. Teach them that pure food, good ventilation, favorable hygienic surroundings and temperate living will overcome any possible inherited tendency to the disease.

Teach the teachers and parents that children with small chests, a low vital index, need more outdoors, more athletics, and, as they grow older they should choose outdoor occupations, and that they should become farmers instead of clerks, merchants or professional men. Teach the teachers, they in turn teaching the children, the value and necessity of having suitable cuspidors at convenient places in hall and school rooms, and the necessity of care in the disposal of the sputum. There is no reason why a child should not be taught in regard to this as well as other bodily excretions. They thus learn their duties to themselves and the public as well. Teach them to love outdoor sports and temperate living, and to wear suitable clothing. Teach the men that over 15 per cent of the cows are tuberculous and that the tuberculin test is safe, trustworthy and harmless, and they will demand that it be made before the animal is purchased.*

Teach them that milk from tuberculin tested cows is worth more on the market than other milk and they will furnish it. Teach the people the added safety of patronizing those places of amusement and railway transportation where proper disinfection is practiced, and they will patronize them.

Teach the mother that tuberculous milk may be a menace to the life of her darling baby, and legislation will not be needed to procure pure milk. Her demand will be enough.

After all, the hope of the country lies in educated womanhood. This is more important and potent than legislation. But, before she can successfully accomplish this, at least by example as well as by precept, she must emancipate herself from that abomination which sweeps many a life into the grave, the broom of death, the trailing skirt.

The lot of the consumptive is a hard one at best, and, when the horrors of poverty are added to the sufferings of disease, it is pitiable in the extreme. Usually for months after he knows the nature of the malady and its lethal tendencies when unchecked, he goes about his daily task of

earning his daily bread, and often that of his family, daily growing weaker and weaker, a source of danger and infection to his associates and his family and the public generally by his expectoration in the street cars, the streets, the workshop and the home. Staggering under the combined burden of daily toil, the knowledge that he is condemned to death, finding at last that he can no longer carry the burden and receive the care at home, he seeks relief at the general hospital, only to find its doors closed against him; and he turns away with a hunted expression of hopelessness and despair on his flushed, emaciated face, the most pitiable spectacle to be found anywhere.

It is for these we plead. Lincoln emancipated a race of slaves. We seek to emancipate the people from the bondage of disease.

What preparations would be made if our shores were menaced by a foe which would leave 150,000 of our citizens dead on the field of battle every year, and would cost us \$750,000,000 annually? Hesitation would be branded as cowardice and delay denounced as criminal.

PROGRESS IN MEDICINE.*

ADDRESS BY RT. REV. J. L. SPALDING, BISHOP
OF PEORIA.

Years ago I heard George Francis Train make a speech, in which, after rousing the audience to nominate him for President of the United States, he told of a visit he had made to one of the famous men of the day. Taking a seat, watch in hand, he said to the great man: "I have but fifteen minutes; tell me all you know." Your toastmaster insists that this evening the speakers shall tell all they know in ten minutes. He doubtless belongs to the orthodox school of medicine, but I suspect him of homeopathic leanings, at least in the matter of rhetoric. Or am I to infer from this insistence upon brevity that he disapproves of the glaring and wordy ad-

* Delivered at the Annual Dinner, National Hotel, May 22, 1901.

vertisements of the doctors who cure all the ills flesh is heir to and who warn those who wish to consult them not to bring money in their pockets—a precautionary measure possibly. Dr. Patrick, your toast-master, whose name sounds Patrician—and for this I deserve to be subjected to a consultation of not less than five doctors—knows full well that good sense utters itself in few words. If this were a banquet of lawyers or of preachers of the gospel, no hindrance to free speech should be tolerated; but doctors do most effective work when they look wise and say nothing.

The foolish are slow to follow the directions of physicians and priests, but I, who wish to be wise, receive the prescription as being exactly what my state of health requires, and shall take the dose, however disagreeable. Progress in Medicine is my theme, and it would be difficult to choose a subject which affords more abundant material or inspires more cheerful anticipations. After Hippocrates and Galen, the first medical work which we need notice is the book of precepts of the School of Salerno, composed for Robert, Duke of Normandy, the son of William the Conqueror, about eight hundred years ago. It opens with the aphorism, which still holds good: If you wish to live long and in good health, put away worry and hold anger to be vulgar. But the volume is chiefly valuable as showing how small, fragmentary and undigested was the knowledge of the human body and of the laws of health and disease in the beginning of the Twelfth century.

In fact, we may say that from the time of Hippocrates, who was born some four hundred years before Christ, down to the middle of the Nineteenth century, progress in the science and art of healing was inconsiderable.

There are great names—Harvey, Sydenham, Boerhaave, Hoffman, Haller, Cullen, Brown and Rush—but their contributions have little historic significance when there is question of the progress of medicine.

Laennec, by introducing auscultation, and Avenbrugger, percussion, as means of diagnosis, did important work. Jenner, of

course, is a name to be held in reverence. The real starting point of the wonderful advance which has been made was the systematic employment of scientific methods in the study of physiology and pathology. Research of this kind is not new; it is as old as the time of Galen, or I may say, of Aristotle; but it was only about the middle of the last century that it began to be conducted in such a way as to exercise a determining influence on the theory and practice of medicine.

The vast increase of knowledge which has resulted impelled many physicians to devote themselves to the study of special organs, tissues and diseases; and specialism, though it have its disadvantages—the maxim of the schools used to be—special, bestial—has nevertheless been one of the chief causes of progress in medicine. The influence of homeopathy has been important, also, first, because it has shown to what an extent drugs are useless or harmful; and in the second place, because it has led doctors generally to diminish the dose. Little reliance is now placed in most of the innumerable remedies found in the pharmacopeia, and in consequence increasing attention is given to means of prevention and to means of cure other than medication.

The marvelous achievements of preventive medicine have been made possible by the science of bacteriology, which has enabled us to determine the specific causes of nearly all the worst diseases—typhus and typhoid fever, pneumonia, consumption, cholera, diphtheria, influenza, tetanus, leprosy, the malarial fevers and the bubonic plague. The cause being known, we have, to a large extent, learned how to remove it and thus procure immunity from the malady. Sanitation, hygiene and isolation provide the means of preventing or restricting diseases produced by micro-organisms. Typhoid fever, for instance, is commonly the result of drinking infected water or milk. If we keep the sources of supply pure the danger is avoided. In the case of typhus fever preventive medicine has achieved the most brilliant success. Yellow fever may be largely eliminated

by sanitation. This is true also of cholera. Laveran, a French army surgeon, discovered in 1880, in the blood of malarial patients minute bits of protoplasm which proved to be the specific cause of the disease. This parasite is introduced into the human body by the bite of a mosquito called *Anophele*. If by drainage we prevent the breeding of these insects, or if by means of screens we completely exclude them from our dwellings, we shall escape the infection.

Consumption is caused by the tubercle bacillus, which is found by the million in the sputum of those afflicted with the disease. When this dries they get into the air and so into the lungs. Proper precautions, it is evident, will make this impossible, and even though no effective cure for consumption should be found, the disease itself, we may hope, will largely disappear as the public becomes more and more enlightened on the subject, and laws are enacted and enforced to prevent the spread of the infectious germs. The antitoxin treatment, which has rendered such great service in the case of diphtheria, promises to be of the highest efficacy in the treatment of other infectious diseases. Though surgery is not properly medicine, it is to medicine chiefly that its wonderful progress is due. The operations which are now performed with comparatively little risk are made possible by anaesthesia, antiseptics and asepsis, which do away with pain and with the danger of infection by the bacilli which produce inflammation and suppuration. The knowledge of the micro-organisms which are the cause of so many diseases, and of those which in the case of surgical operations, it is of the utmost importance to exclude, has created what I may call the new science and art of nursing, upon which physicians now so greatly rely. Hydrotherapy, too, is more and more employed in the treatment of the sick.

What ineffable benefits should we not confer on men if we could persuade them to keep themselves clean within and without, physically and morally! One who

permits impurities to remain within the body is more lacking in self-respect than one who wears filthy clothes, and he is also a greater foe to his own health.

Progress in medicine may not be dissociated from the character of the men who compose the profession. The higher they stand in culture, in honor, in unselfish devotion to human welfare, the more real shall be the advance of their science and art. Petronius, the Roman poet, says: A doctor is but a comfort for the mind. Doubtless much of the good he is able to do depends on the kind of man he is. We are best helped when our ills are ministered to by those in whom we have confidence.

Unfortunately the world likes to be humbugged, and in nothing is its boundless credulity more manifest than in matters pertaining to medicine. Nevertheless, quackery is eternally contemptible, and in the healing art as in other things, what is genuine tends to prevail.

Dr. Johnson the English moralist, says that every man is a rascal when he is sick. Let us then try to keep men from being sick. Wilhelm von Humboldt declares that the time will come when the sick will be considered no better than criminals. Most diseases, I think, are in some way associated with moral delinquency. Gluttony kills more than drunkenness; and everybody damns the drunkard and urges the glutton to eat more. If all men were temperate, clean, chaste, cheerful, mild, brave and loving, all men would be well. The vigorous body resists disease, while that which is enfeebled by indulgence or fear falls a prey to infection. All who help to give their fellows greater self-respect and self-control, a more living sense of justice, a more actively benevolent temper, who fill them with higher thoughts of God and of the sacredness of human life are physicians; and professional men, whether they be lawyers, doctors or priests, are, if they have the spirit of their profession, if they are learned, unselfish and gentle, a brotherhood, working together for the welfare of mankind.

ILLINOIS STATE MEDICAL SOCIETY.

Minutes of Proceedings of the Fifty-First Annual Meeting, Held at Peoria, May 21, 22 and 23, 1901.

FIRST DAY—MORNING SESSION.

The Society convened in the Auditorium of the Young Men's Christian Association, and was called to order by the President, Dr. George N. Kreider, of Springfield, at 10 a. m.

Prayer was offered by the Rev. William J. Johnson, of Peoria, after which Mayor W. F. Bryan, of Peoria, was introduced, and delivered the following

ADDRESS OF WELCOME.

Mr. President, Officers and Members of the Illinois State Medical Society—As Mayor of Peoria, it affords me great pleasure, and I deem it a special privilege, to be permitted to appear before you on behalf of our people to bid you individually and collectively welcome to our city.

I shall not speak with you of the pride we feel in being a part of the great State of Illinois, for your feeling in that particular is the same as ours. I will not refer to the members of your profession, born, raised and educated in this State who have acquired national reputation and honor, for you know of them better than I. But permit me to say that, because you are from Illinois, and because you have attained such a high standard in your profession, adds to our pleasure in bidding you welcome. We believe that conventions such as you are now about to hold result in advancement of the profession, benefit to those who participate, and general good to the public.

When our local members invited you to meet here, they did so with a feeling of pride in their city and with a desire that you should come and receive our hospitality and enjoy the comforts and pleasures which we can offer, as well as the beauties of our surroundings. Doubtless they have arranged to devote part of the time during your visit to show you some of our industries, public and educational build-

ings, as well as our parks, which we think will compare favorably with like points of interest in any city in the West of 70,000 population.

On behalf of our people I extend to you the freedom of the city and invite you to visit our City Hall, and while there I ask your special attention to our Health Department, which has grown to be one of the leading features in our municipal affairs.

On leaving our city, we trust your impression of us may be so favorable that you will seek an early opportunity to come again, where you will always find a cordial welcome. (Applause.)

RESPONSE BY PRESIDENT KREIDER.

Mayor Bryan—In behalf of the Society we return hearty thanks for the cordial invitation and words of welcome you have extended us. Fifty-one years ago the Illinois State Medical Society was organized in Springfield. The following year a meeting was held in this city, and it is very appropriate that the fifty-first annual meeting should be held here, following the fiftieth anniversary meeting, which was held last year at Springfield. We have heard a great deal of Peoria. Our Society has met here several times since then, and we have been cordially received. We have held profitable meetings. It appears now that this meeting will be more profitable than any which has been held by the Society. We thank you for the cordial reception which has been given us by you and through you by the medical profession. We shall feel like visiting your institutions, your City Hall and particularly the Health Department which you have spoken of as being one of the principal departments of your city government. We are happy to know that this large and representative city of Illinois is paying particular attention to that branch of the city government, which has been neglected by some of our cities, and our members will take this statement of yours home with them. Again I thank you on behalf of the members for your cordial words of greeting. (Applause.)

The next thing in order was the report of the Executive Committee, the President ex-officio Chairman.

REPORT OF THE EXECUTIVE COMMITTEE.

The President: I desire to preface the report of the Executive Committee by saying that the meetings of this Society will convene promptly at the hour designated on the program, whether there be few or many present.

The Executive Committee met in Chicago last November, at the time of the Fenger banquet, and arranged a program which we hope will meet with your approval.

After the general session this morning the Section on Etiology, Hygiene, State Medicine and Medical Jurisprudence will convene, and it is hoped will complete its program by the time of adjournment of the morning session. This is Section III. This afternoon the First Section will take charge, and it is expected that this Section will finish its work by to-morrow noon. To-morrow afternoon (Wednesday) the Surgical Section will take charge of the program and continue until the close of the meeting of the Society.

We will endeavor to begin the sessions on time as designated on the program, and hope to have a profitable meeting. That is all the Executive Committee has to report.

The President: The next item of business will be the report of the Committee of Arrangements, by Dr. J. W. Hensley, of Peoria, Chairman.

Dr. Hensley presented the following report:

REPORT OF COMMITTEE ON ARRANGEMENTS.

Mr. President and Members of the Illinois State Medical Society—Your Committee on Arrangements would respectfully report as follows: The regular and general sessions of the Society are to be held in the Hall of the Young Men's Christian Association Building, which has been secured for May 21st, 22d and 23d. The full seating capacity of this hall is 500, including gallery. Committee rooms and

commodious quarters for exhibitors are also arranged in the same building.

The meeting on Tuesday evening will be held at the Music Hall of the Woman's Club Building, to which the public is invited. This hall has a seating capacity of about 600. Besides the addresses of our President and of Section III., there will be splendid music rendered by the Bradley Institute Symphony Orchestra, composed of thirty pieces or performers. Vocal solos and duets will be given by Mr. Charles Burdick and Mrs. Julia Mihigan, who comprise our best vocal talent. This is expected to be the most interesting meeting of the session, one which all should attend. The arrangements for the annual dinner on Wednesday evening at the National Hotel are complete, and we trust will be satisfactory, unless there should be a lack of dining-room capacity. Only covers for 400 can be provided for. The after-dinner program will be most enjoyable. All those who desire banquet tickets should secure the same by Wednesday noon, in order that confusion may be avoided and the landlords prepared. Banquet tickets are \$1.00, and may be secured from the Assistant Secretary or any other member of the Committee on Arrangements. We will make our financial report later on.

There will probably be a greater display by the exhibitors than we have ever had before. These manufacturers and salesmen have gone to a great deal of trouble and expense in order to show their products, distribute samples and explain their merits, and should be shown due courtesy by all of us during the intervals of the regular sessions of the Society. They have paid into our treasury over \$600, which is to meet the legitimate expenses of the Society, all surplus to revert to the State treasury.

The exhibitors are as follows:

SPACES SOLD.

Sutliff & Case.....	\$ 25.00
Allair & Woodward.....	25.00
Wm. Ohl	25.00
Sharp & Smith.....	35.00
Searle & Hereth.....	25.00

Globe Mfg. Co., Battle Creek...	25.00
W. T. Keener	25.00
E. H. Colegrove.....	25.00
Maltine Co.....	25.00
Fairchilds Bros.	25.00
Horlick's Food Co.....	25.00
Oakland Chemical Co.....	20.00
Smith-Kline-French Co.....	15.00
Mulford Co.....	15.00
American Malt Drug Co.....	20.00
Imperial Granum Co.....	25.00
Keasbey & Mattison.....	20.00
Tilden & Co.....	25.00
Billings, Clapp & Co.....	15.00
Parke, Davis & Co.....	7.50
W. R. Grady	30.00
Rigrand & Chapoleart.....	20.00
Perfection Chair Co.,Ind.....	15.00
Dios Chemical Co.....	15.00
Truax, Greene & Co. (extra room)	40.00
Stearns & Co.....	20.00
Britman	15.00
Waterbury Chemical Co.....	15.00
Antiseptic Sphenoids.	10.00
W. D. Allison Chair Co.....	15.00
Squibb Co.....	10.00

\$662.50

The Peoria City Medical Society has arranged for our lady visitors, not women doctors, for an afternoon carriage ride about the city on Wednesday evening, rendezvous to be parlors of National Hotel at 1:45 p. m., to start promptly at 2 p. m. Some one of our wives or daughters will be with each carriage or other vehicle. No gentlemen need apply.

Invitations to visit hospitals and institutes of learning, the new City Hall, and recently dedicated Coliseum, will be announced later on. It has been and will be the purpose of the Committee to provide no attractions or outside entertainments that will interfere with the regular business hours of the society.

Trusting that these arrangements will fully meet the requirements of the State Medical Society, we, with other members of the Peoria City Medical Society who are members of the State Society, and who may be recognized by their badges, will take pleasure in being present as much as possible to furnish information and pro-

vide for the comforts of all who may be in attendance.

The President: We will now listen to the report of the Committee on Registration, Dr. E. J. Brown, Decatur, Chairman.

Dr. Brown made the following verbal report:

Mr. President—The Treasurer this year has continued the plan which has been adopted for the last few years of sending out advanced registration notices. The responses this year have been better than any year before. We have received nearly 300 advanced registration notices up to the 15th of May, comprising nearly one-third of the membership of the Society. The object of this advanced registration is to facilitate the work of the officers and to avoid confusion after the meeting opens. In addition to the 300 advanced registrations, fifty-eight new members have registered. Of course this morning I am unable to give any definite report as to the exact registrations, but I desire to say that the number of new members will exceed those of any previous meeting of the Society.

In regard to delinquent notices, it is the custom of the Treasurer to send out such notices twice during the year. This year the notices were sent out in November and February, and the responses were very good and prompt indeed. At the opening of the meeting there are now less than 100 delinquent members. Quit a number of those have paid this morning.

The President: I take the liberty of adding to the report of the Committee on Registration that the actual bona-fide membership of the society is at present 1,100.

The President: Under the head of "Miscellaneous Business Communications," we will hear from the Secretary.

The Secretary: Mr. President—I have nothing to report at this time.

The report of the Committee on the Preliminary Meeting was called for and passed temporarily, the committee stating that it was not yet ready to make its report.

Continued next month.

The Illinois Medical Journal

PUBLISHED MONTHLY.

The Official Organ of the Illinois State Medical Society.

522 Capitol Avenue, Springfield, Ill.

Subscription Price \$3.00 Per Annum in Advance.

All remittances for subscriptions should be sent to E. J. Brown, Treasurer, Decatur, Ill.

The Society does not assume responsibility for any statements or opinions published in this journal.

Entered at the Postoffice at Springfield, Ill., as second-class matter.

Springfield, Ill., June, 1901.

FIFTY-FIRST ANNUAL MEETING.

The meeting which has just closed will go down in the annals of the Society as remarkable in many respects. The attendance was large, undoubtedly more than 400 being in attendance. The interest was intense, and good feeling prevailed. Everyone seems to appreciate the fact that a new era has opened up for the medical profession of Illinois. The preliminary meeting, after careful discussions, made recommendations which will certainly result in great good to the Society and the public. Among these may be mentioned (1) the movement for obtaining a modification of the medical practice act; (2) the movement to limit the use of hypnotism to the profession; (3) urging the establishment of an epileptic colony; (4) defining the exact status of membership in the local and State Society; (5) regarding the admission of physicians graduating at Sectarian schools; (6) providing that only such papers as have been previously read before a local society shall be read at the meetings of the State Society, etc.; (7) providing that the Journal shall be made the official organ of all city, county and district societies of the State; (8) providing for the

acceptance of ethical advertisements in the Journal; (9) providing that the Judicial Council elect an editor and manager of the Journal who shall be paid a reasonable salary for his services; (10) requiring each local society to hold at least one meeting each year to preserve its standing in the State Society; (11) protesting against the diversion of public moneys appropriated for charitable institutions from their intended uses; (12) providing for a committee to formulate these propositions as may be necessary into proper amendments to the constitution.

The reports of the Judicial Council and Legislative Committee were given marked attention. The members of these committees were commended for their devotion to duty and congratulated on the success which has attended their labors.

One of the most inspiring events of the meeting was the enthusiasm displayed in taking up a subscription for the Virchow fund. More than \$80.00 was subscribed in a few minutes, and when the amount was announced the 300 members present received it with hearty applause.

The annual dinner was attended by 320 persons. The toasts were short and eloquent. For the first time in the history of the society two sections transacted business at the same time and both were largely attended. Undoubtedly the society will meet in two or three sections in the future.

The scientific papers were unusually interesting, and free discussion was given them. The local profession were assiduous in their efforts to entertain the members and their wives and daughters who accompanied them. The exhibitors state that they were pleased with the patronage accorded them. Without doubt this meeting was the largest and most successful ever held by the State Society. K.

HAVE THE BARS BEEN TAKEN DOWN.

A few gentlemen, taking the reports made in the daily press as their authority, have conceived the mistaken idea that the Illinois State Medical Society has removed all entrance bars and proposes to admit any and every person applying for membership. Nothing could be farther from the truth than this idea. The action taken by the society was expressed in these words:

Resolved, That school of graduation shall be no bar to membership in the Illinois State Medical Society, providing such physician is recognized by the local society as qualified and not claiming to practice any exclusive system of medicine.

This statement is so reasonable and fair that it would seem that no one could object to it. It places the responsibility of election at the door of the local society, where it belongs. It proposes to judge every applicant on his merits as a practitioner and not on the school of his graduation. It reiterates the only fundamental doctrine which has ever been urged by the law-givers of our profession, viz: that no exclusive system shall be proclaimed.

A mischievous dogma had been proclaimed by some who do not understand the code of ethics, and for this reason a statement of this kind seemed to be necessary. The dogma that a man must graduate from a regular school or from any school to gain admission to our societies is a distinct perversion of the code. Time after time have men who have never seen the inside of a medical school been admitted to our best societies. In the early days graduates were the exception and not the rule in our societies. It is to be hoped that those practitioners who desire to forsake exclusive doctrines and become honest and scientific in their practice and profession will be made welcome at

the door of our different societies, and, if found worthy and well qualified, duly and truly prepared, admitted into full membership. The bars have not been taken down. The interspaces have not been widened. They have been made firmer and stronger. The key which unlocks the gate is the regard of one's fellow physicians, gained by honest and scientific practice. K.

THE CITY OF PEORIA.

Members of the Society who had not visited the city of Peoria in recent years were surprised and delighted to see the evidences of municipal progress shown since their former visit. Broad and well paved streets have replaced the quagmires of the early days. Electric power applied to the tram cars has enabled the people to quickly and comfortably reach their homes on the beautiful bluffs surrounding the city. The park system has been laid out with great care and compares favorably with any in the world. The City Building is substantial and beautiful. As Mayor Bryan stated in his address of welcome, the health department has grown to be one of the leading features in the municipal affairs. A splendid Public Library adorns one of the principal streets. The County Court House is a noble building. In one corner of the Court House yard stands a soldiers' monument of chaste design, dedicated by President McKinley in 1899. The water supply has been improved in recent years and leaves nothing to be desired. Two modern hospitals of beautiful design are in process of construction. When completed there will be ample provision made for the scientific treatment of the afflicted. We congratulate the profession of Peoria on the fact that they reside in a modern hygienic, progressive and wealthy city. We congratulate the city on the fact that the medical profession and medical institutions measure up to the requirements and their opportunities. K.

NEW LAWS.

Text of two bills passed by the last General Assembly of interest to the medical profession of Illinois.

A BILL

For an act requiring reports of births and deaths, and the recording of same; regulating the interment or other disposal of dead bodies, and prescribing a penalty for non-compliance with the provisions hereof.

SECTION 1. *Be it enacted by the People of the State of Illinois represented in the General Assembly:* It shall be the duty of every physician and midwife in the State of Illinois who attends the birth of a child to report said birth within thirty days after its occurrence, to the county clerk of the county in which the birth takes place. Such reports shall be made on blank forms, to be prescribed and issued by the state board of health, and shall contain such information as may be directed by said board in resolutions, copies of which shall be printed on the reverse of the blank forms aforesaid. When no physician or midwife has been in attendance, then it shall be the duty of the parent, or in case of the disability of the parent, of the householder to make said report within the time and manner aforesaid.

Section 2. Every physician, midwife, parent or householder who shall comply with the foregoing provisions shall receive for each report of birth made in the manner directed by the state board of health, the sum of twenty-five cents. At the close of each quarter of the calendar year the county clerk shall certify to the county treasurer a list giving the number of births reported to him, and the names and addresses of the persons reporting the same, and payment therefor shall be made by the said county treasurer to the persons named in said list: *provided*, That no duplicate report shall be paid for.

Section 3. No person shall inter, cremate, deposit in a vault or otherwise dispose of any human body until he has received a permit so to do, as hereinafter provided, which permit shall bear date when issued, shall state the name of the deceased, the

date and cause of death, the manner in which the body will be disposed of and the place of such disposal, the name of the person to whom the permit is issued, and the name of the attending physician, midwife or coroner, and shall be signed by the official by whom it is issued.

Section 4. The following persons shall issue permits for interment, cremation or other disposal of bodies of such persons as die within their respective jurisdictions, viz: County clerks in counties not under township organization; town clerks in counties under township organization, and the clerks of incorporated cities and villages: *Provided*, That in any county not under township organization, the board of county commissioners is hereby authorized to divide the county into districts, not exceeding six in number, and to appoint in each district an agent of said board of county commissioners who shall be empowered to issue such permits: *Provided, further*, That the duties herein devolved upon city and village clerks may be performed, instead, by the clerk, secretary or registrar of a legally appointed city or village board of health: *And, provided further*, That neither county nor town clerks nor the district agents aforesaid, shall issue permits in cases of deaths which occur within the jurisdiction of incorporated cities or villages.

Section 5. No such permit shall be issued until there shall have been delivered to the proper official, as above designated, a certificate of death made in the manner directed, and on the blank form prescribed by the state board of health, by a legally qualified physician or midwife, or by the coroner of the county in which such death occurred.

Section 6. It shall be the duty of the physician or midwife last in attendance upon the deceased, if any there was, to sign the certificate hereinbefore required, stating the primary and secondary cause of death, according to the best information obtainable, and giving such correlative facts as may be required by the state board of health in resolutions, copies of which shall be printed on the reverse of said certificates.

If there was no attending physician or midwife, or if the certificate of the attending physician or midwife cannot be obtained within forty-eight hours after death has occurred, the required certificate may be made by any legally qualified physician employed for the purpose.

Section 7. Any death coming under the supervision or direction of the coroner shall be by him reported to the district agent, the clerk of the county, township, village or city in which the death occurred, or to the local board of health of such city or village, as the case may be, in the manner directed and on the blank forms prescribed by the state board of health, and it shall be the duty of the coroner to disinter any body buried without the permit hereinbefore required, and to hold an inquest on said body, and within three days thereafter to report said death in the manner aforesaid to the proper official.

Section 8. It shall be the duty of all district agents, township, city or village clerks, and clerks, secretaries or registrars of city or village boards of health to forward at the end of each month to the county clerk of the county in which such district, township, city or village is located, all certificates of death presented to them during the preceding thirty days.

Section 9. Every clerk of a township, city or village, or of a city or village board of health, every district agent and every clerk, secretary or registrar of a city or village board of health shall receive for each certificate of death forwarded to the county clerk, upon which a permit has been issued in compliance with the provisions of the foregoing sections of this act, a fee of twenty-five cents: *Provided*, That the city clerk or the clerk, secretary or registrar of the board of health of any city of fifteen thousand or more inhabitants, shall receive no compensation other than his salary for any of the duties devolved upon him by any of the provisions of this act. At the close of each quarter of the calendar year the county clerk shall certify to the county treasurer a list giving the number of certificates of death forwarded to him, and the names and addresses of the

officials so forwarding and payment therefor shall be made by the county treasurer to the officials named in said list.

Section 10. The county clerk of each county shall record in the manner directed by the state board of health, all certificates of births and deaths delivered to him pursuant to law, and shall file such certificates in his office. The record of such certificates shall at all times be open to the inspection of the public without fee. Each county clerk shall also, during the first ten days of January, April, July and October of each year, render to the state board of health, in the manner directed by said board, a full and complete report of all births and deaths reported to him during the preceding quarter.

Section 11. The state board of health shall prepare such forms for certificates of births and deaths as it may deem proper, and shall deliver said forms to the county clerks of the several counties, whose duty it shall be to furnish such forms to physicians, midwives and coroners *Provided*, That in cities and villages the local board of health or the city or village clerk, as the case may be, may prepare forms for certificates of death in form similar to those issued by the state board of health, and furnish the same to physicians and midwives.

Section 12. Any person or persons who shall violate any of the provisions of this act shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined not more than ten nor more than one hundred dollars, or shall be imprisoned in the county jail not to exceed thirty days, or shall suffer both such fine and imprisonment in the discretion of the court.

Section 13. All fines collected under the provisions of this act shall be paid into the county treasury of the county in which the suit is brought, to be used for county purposes, and it shall be the duty of the state's attorney in the respective counties to prosecute all persons violating or refusing to obey the provisions of this act.

Section 14. All that part of Sections 4, 5 and 6 of an act entitled, "An act to create and establish a state board of health in the State of Illinois," approved May 28,

1877, relating to reports of births and deaths, and all acts or parts of acts in conflict with the provisions of this act, are hereby repealed.

Section 15. This act shall be in force on and after the first day of January, 1902.

A BILL

For an act to create and establish boards of health in counties not under township organization, and in townships in counties under township organization—outside of the corporate limits of incorporated cities and villages, to prescribe their duties and powers and provide for enforcing the same.

SECTION 1. *Be it enacted by the People of the State of Illinois represented in the General Assembly:* The board of county commissioners in counties not under township organization, and the supervisor, assessor and town clerk of every town in counties under township organization, shall constitute a board of health, on the breaking out of any contagious or infectious disease in their county or town, or in the immediate vicinity thereof; it shall be their duty to make and enforce such rules and regulations tending to check the spread of the disease within the limits of such county or town, as may be necessary; and for this purpose they shall have power to shut up any house or place where any infected persons may be, and cause notices of warning to be put thereon, or remove such person to any pest house within the limits of said county or town, at the expense of the party so moved, if the party so moved, if he be of sufficient ability to pay, or otherwise, at the expense of said county or town: *Provided*, That nothing in this act shall apply to any territory lying within the corporate limits of any incorporated city or village: *Provided, further*, That in case of the board of health of any county, not under township organization, or of any township in counties under township organization, shall fail, refuse or neglect to promptly take the necessary measures to preserve the public health, or in case any such board of health shall refuse or neglect to carry out the rules and regulations of the state board of health,

that thereupon the state board of health may discharge such duties and collect from the county, or township, as the case may be, the reasonable costs, charges and expenses incurred thereby.

Section 2. The said boards of health shall have the following powers:

First.—To do all acts, make all regulations which may be necessary or expedient for the promotion of health or the suppression of disease.

Second.—To appoint physicians as health officers and prescribe their duties.

Third.—To declare what shall be a nuisance and abate the same.

Fourth.—To provide gratuitous vaccination and disinfection.

Fifth.—To require reports of dangerously communicable diseases.

Sixth.—To require reports of deaths, with such correlative facts as the interests of the public health may necessitate; to issue burial permits when the cause of death is communicable.

Seventh.—To regulate cemeteries within their jurisdiction.

Eighth.—To incur the expenses necessary for the performance of the duties and powers enjoined upon the board.

Section 3. Any person who shall violate, or refuse to obey, any rule or regulation of the said board of health, shall be liable to a fine not exceeding \$200 for each offense, or imprisonment in the county jail not to exceed six months, or both, in the discretion of the court.

All fines collected under the provisions of this act shall be paid into the county treasury of the county in which the suit is brought, to be used for county purposes, and it shall be the duty of the state's attorney in the respective counties to prosecute all persons violating, or refusing to obey, the rules of said local boards of health.

Section 4. The clerk of the board of county commissioners, or town clerk, as the case may be, shall keep a full record of all the doings of said board and report the same to the annual meeting of such board or county commissioners, or town board.

Section 5. The members of said boards of health shall be allowed for their time

spent in the performance of their said duties, each the sum of \$1.50 per day, which, together with all bills by them contracted and all sums of money by them expended, shall be audited and paid in the same manner as other county and town expenses.

Section 6. Sections one (1), two (2), and three (3) of Article XIV of an act entitled, "An act to revise the law in relation to township organization," approved and in force March 4, 1874, and all acts or parts of acts conflicting herewith are hereby repealed.

Correspondence.

PANA PHYSICIANS PROTECT THEMSELVES.

Pana, Ill., May 20, 1901.

To the Editor:

The following agreement has been signed by every physician in this city, and it has been published in the daily papers here, and the universal comment excited by its publication has been favorable to the stand taken by the physicians. The people say that it is just and right; that the county is not a pauper and should pay physicians the ruling prices established in the neighborhood, as it pays the grocer for his goods, the mechanic for his labor and material, and for services rendered by supervisors and road commissioners when on duty for the county; that physicians pay their taxes like other people, and besides, render to the public much other service for which they are not remunerated at all:

"Pana, Ill., May 5, 1901.

"We, the undersigned physicians of Pana, do hereby mutually promise and agree among ourselves and to each other to the following:

"1. That we will not bid for pauper practice.

"2. That we will not attend the paupers at a less rate than the regular established and recognized fee bill of Pana.

"N. B.—It is also understood that no one physician shall be favored in the distribution of pauper practice, but that the

patient shall be given the privilege of choosing his own physician."

Yours respectfully,

J. J. Conner.

LIST OF NEW MEMBERS ADMITTED SINCE MAY 1, 1901.

Bane, S., Ellsworth.
 Barnett, A. A., Jerseyville.
 Beam, Wm. O., Moline.
 Beck, Carl, 542 Dearborn ave., Chicago.
 Behrendt, A. J., 93 Fowler st., Chicago.
 Bell, J. J., 342 Fullerton ave., Chicago.
 Betts, G. S., Banner P. O.
 Bickel, A. S., N. Chillicothe.
 Blackburn, W. R., Breeds.
 Blanchard, M. E., Marseilles.
 Botts, A. T., Warrensburg.
 Bowles, Margaret K., Joliet.
 Bradley, G. W., Waverly.
 Brock, J. E., Coal City.
 Brown, J. L., Peoria.
 Brown, Walter J., Danville.
 Burlingame, D. E., Elgin.
 Butler, Wm. J., 1485 Jackson Blvd., Chicago.
 Calhoun, R. E., Chesterville.
 Camp, J. E., Brooklyn.
 Chapin, H. S., Holden.
 Choatal, Jas. F., 1593 W. 22d st., Chicago.
 Chapman, C. M., Deer Creek.
 Clark, E. E., Danville.
 Clayberg, S. S., Avon.
 Cochran, W. A., Danville.
 Cook, E. P. Jr., Mendota.
 Cooley, E. B., Pilot.
 Comegys, J. P., Rock Island.
 Corcoran, A. C., Peoria.
 Coveny, M. J., Spring Valley.
 Cox, Wm. M., Mt. Sterling.
 Crawford, N. B., Eureka.
 Crocker, F. L., Weston.
 Culbertson, S. D., Piper City.
 Daniels, O. L., Murphysboro.
 Davis, C. E., Peoria.
 Dadds, Robt., 144 Oakwood Blvd., Chicago.
 Dunn, Harvey, Perry.
 Evinger, J. W., Paris.
 Edwards, J. W., Mendota.
 Fair, J. F., Freeport.
 Ellis, James P., Augusta.
 Farrell, P. J. H., 92 State st., Chicago.
 Firebaugh, I. L., Robinson.
 Foster, I. A., Herald.
 Framing, E. C., Galesburg.
 Gault, H. L., Sparta.
 Gilbert, E. B., Geneseo.
 Gilliland, Wm. E., Coatsburg.
 Graham, A. R., Little York.
 Grove, W. A., Galva.
 Haines, W. E., Bushnell.
 Hall, S. B., Rock Island.
 Hamil, Chas., Greenview.
 Hartung, Henry, 596 Sheffield ave., Chicago.
 Hatheway, E. P., Ottawa.
 Hayes, T. C., Canton.
 Hendricks, W. W., Bardolph.
 Hewins, C. F., Loda.
 Hicks, S. J., Ivesdale.

Holliday, W. S., Monmouth.
 Hoffman, C. P., Sadorus.
 Hunter, Chas. W., Oneida.
 Huston, I. E., Roanoke.
 Kemp, C. H., Tiskilwa.
 Kelso, Hugh A., Paxton.
 Kenaga, A., Hersher.
 Kirk, John W., Oblong.
 Klebs, A. C., 100 State st., Chicago.
 Knox, W. T., Manchester.
 Kolischer, G., 1192 Stewart Bldg., Chicago.
 Leeds, Norman, Bellmont.
 Lesch, E. E., Ivesdale.
 Lovewell, C. H., 6058 Wentworth ave., Chicago.

Walton, T. E., Danville.
 Weber, J. C., Clay City.
 Weber, Geo. I., Olney.
 Weirick, A., Galena.
 Wells, W. H., Monmouth.
 Wenzlick, Wm., 241 Dearborn ave., Chicago.
 White, A. F., Danville.
 Zeigler, W. T., Canton.
 Zinser, H. A., Roanoke.

County and District Societies.

Low, Julia Ross, 100 State st., Chicago.
 Maclay, A. I., Delavan.
 Mansfield, W. A., Washington.
 Mease, D. C. L., Freeport.
 McClinch, J. H., Danville.
 McFadden, L. A., Peoria.
 McGaughy, Thos. W., Pennington Point.
 McMillan, J. C., New Berlin.
 McMillan, Peter H., Ava.
 McIlvaine, T. M., Peoria.
 Miller, J. S., Peoria.
 Morrell, E. F., 359 W 67th st., Chicago.
 Morony, J. J., Breese.
 Myers, J. C., Clinton.
 Nelson, E. L., Dunfermline.
 Oliver, E. W., Wenona.
 O'Neill, J. W., 1380 N. Clark st., Chicago.
 Paddock, Chas. E., 103 State st., Chicago.
 Paul, E. W., Forest City.
 Peak, W. J., Oakland.
 Penniman, A. R., Stanford.
 Perry, Herbert B., Elmwood.
 Peterson, S. G., Rutland.
 Pollock, M. D., Decatur.
 Ragsdale, A. C., Metropolis.
 Ray, D. S., Cuba.
 Reagan, E. W., Canton.
 Richards, Wm. M., Joliet.
 Rice, W. S., Tuscola.
 Riggs, J. P., Roseville.
 Riddle, H. R., Mechanicsburg.
 Ringnell, F. O., Orion.
 Roark, J. P., Bushnell.
 Robertson, Thos., Steelville.
 Schowengerdt, W. E., Champaign.
 Shaw, Viola E., Pekin.
 Sharpe, Annie McF., Jacksonville.
 Skelly, J. L., Pekin.
 Sloan, John F., Peoria.
 Sloey, J., Lebanon.
 Smith, W. K., La Harpe.
 Snively, C. D., Summun.
 Songer, Frederick S., Kinmundy.
 Stericker, Geo. F., Springfeld.
 Stoll, J. J., 514 12th st., Chicago.
 Stone, C. A., Mason City.
 Stults, B. F., New Holland.
 Stewart, W. T., 978 Douglas Bldg., Chicago.
 Strauss, F. B., Gibson City.
 Thorpe, S. L., Kenney.
 Telford, A. T., Menard.
 Vandervort, F. C., Bloomington.
 Voorhies, Chas H., Hutsonville.
 Wait, Lucy, 100 State st., Chicago.

The semi-annual session of the Montgomery County Medical Society was held in the parlors of the Litchfield Hotel, Litchfield, Ill., May 7, 1901, and was called to order by the president, W. W. Douglas, of Hillsboro.

The following members answered to their names: W. W. Douglas, G. A. Clotfelter, Hillsboro; M. W. Snell, F. C. Blackwelder, Litchfield; J. C. Wilson, Donnellson; Wm. H. Cook, Coffeen; J. M. Hoyt, Fillmore and Jos. M. Trigg, Farmersville.

The minutes of the preceding meeting were read and approved.

Report of committee on constitution and by-laws made report and presented same for approval and was adopted.

THE TREASURER'S REPORT.

To balance on hand last report.....	\$22 40
Received membership fees from Drs.—	
T. J. Whitten, Nokomis.....	1 00
J. D. Lyons, Farmersville.....	1 00
P. M. Kelley, Litchfield.....	1 00
J. F. Blackwelder, Litchfield.....	1 00
Total.....	\$26 40
Paid for stationery, postage and printing.....	10 41

Balance on hand..... \$15 99
 Signed by Jos. M. Trigg, Treasurer.

The name of J. D. Lyons of Farmersville was proposed by Jos. M. Trigg of Farmersville. The name of P. M. Kelley of Litchfield was proposed by Myron W. Snell of Litchfield. Their names were referred to the censors, who reported favorably, and they were elected by acclamation. Drs. T. J. Whitten of Nokomis and J. F. Blackwelder of Litchfield reinstated.

Committee on fee bill held over until next regular meeting.

Moved by Dr. G. A. Clotfelter and seconded by Dr. J. C. Wilson, that we invite Drs. P. M. Kelley and G. A. Schiler to take part in the exercises of the meeting. Motion carried.

Dr. Myron W. Snell read a paper on "Hydrocele" and reported a case. The paper was accepted and a general discussion followed.

Dr. Wm. H. Cook spoke on "Epidemics," after which a general discussion followed.

Dr. J. C. Wilson read a paper on "Puerperal Convulsions," and reported two cases. In the general discussion many interesting facts were brought out. It was generally believed that it

was better to prevent the convulsions than to deal with them after they occur; and as suggested by Dr. M. W. Snell, it is better to make a thorough examination of the urine at least once a week and to give $\frac{1}{4}$ grain of calomel every night to keep bowels open to prevent auto-intoxication.

Dr. P. M. Kelley opened the discussion on the subject of quarantine in all contagious diseases.

Dr. J. M. Hoyt of Fillmore and Dr. Myron W. Snell of Litchfield were chosen delegates to represent the Montgomery County Medical Society to the Illinois State Medical Society.

The Society on motion adjourned until next regular meeting, to be held in Hillsboro, October 2, 1901.

Jos. M. Trigg, Secretary.

The McLean County Medical Society met in regular meeting at the city hall, Bloomington, Thursday evening, May 2d. Two very excellent papers were read bearing upon the same subject, viz: Bacteria. The papers were scientific and had been prepared with great care. The Essayists were Dr. Jos. K. P. Hawks and Dr. Eugene G. Covington, both of the city of Bloomington. They are both new members and the Society is to be congratulated upon the acquisition of such men.

Bacteria: Their distribution and relation to disease, was the subject of Dr. Covington's paper and "Diagnostic Phases of Bacteriology" was the subject of Dr. Hawks' paper. Dr. W. E. Guthrie exhibited a specimen of an abdominal tumor of large size which had been entirely adherent to all the surrounding organs, making it very difficult of removal. Dr. F. C. Vandervort reported a case of imperforate hymen in a primipara which had to be operated on to allow the labor to take place.

The matter of printing a new fee bill and necrology report up to date was made a special order for the next meeting.

F. C. Vandervort, Secretary.

Report of a case of imperforate hymen, in a primipara.

I was called to see a woman in labor about seven o'clock in the evening, April 24, 1901.

After waiting until a few pains had occurred I made an examination to ascertain how far labor had advanced. Upon introducing the finger I could outline the head of the child well advanced into the pelvis. But there was something strange and unnatural about the feeling of the presentation, something entirely different from anything I had ever felt before. It was impossible to find any hole through the membrane that seemed to cover the entire entrance to the vagina, and I was finally forced to the conclusion I had come across one of those most rare conditions, viz: an imperforate hymen. I took the husband aside and told what the condition was and questioned him about the matter when he admitted that he had been aware that something was wrong but had never succeeded in getting his wife to be examined.

Not being prepared for any such emergency I left to go to my office to get some instru-

ments. When I returned I made another examination and found the head pressing upon the perineum. I now separated the limbs and also the labiae and exposed the hymen to light, and still I was unable to find any opening through the membrane. I now took a grooved director and pushed it through the hymen and taking a pair of scissors I cut the membrane perpendicularly the length of the vaginal orifice. This membrane was about as thick as the distended lower segment of the uterus and bled considerably when it was cut. The patient experienced no pain when the incision was made. A large nine pound girl was born in about ten minutes or less after the hymen was cut. In other respects the labor was a normal one. It is a very interesting case on account of its rarity. It is my first case in a practice of twenty years, and I had only read of such cases in the books. It is very important from a medico-legal standpoint and proves again that an imperforate hymen is no absolute proof of virginity.

I find upon further inquiry this lady is 20 years of age and commenced to menstruate at the age of 17. At the age of 13 she menstruated a few times, and then was sick a long time with typhoid fever and did not menstruate again until the age of 17. She did not seem to be aware of any abnormality herself, and says she had her monthlys easily, but very scant and for a few days only. This case proves that nature will make mistakes as well as we poor mortals.

F. C. Vandervort, M. D.

DISTRICT MEDICAL SOCIETY OF CENTRAL ILLINOIS.

The twenty-seventh annual meeting of the District Medical Society of Central Illinois was held in the parlors of the new St. James Hotel, Pana, April 30, 1901. The meeting was called to order by the president, Dr. J. N. Nelms. The roll-call was omitted. Number of members present, thirty-one. The minutes of the previous meeting were read and approved.

The name of Dr. F. Ewing Cherry was proposed for membership. Dr. Cherry is an alumnus of Barnes Medical College, St. Louis, Mo. The board of censors considered the application and their report being favorable, Dr. Cherry was received into the Society.

There being no special or standing committees, the Society proceeded with the literary program.

The following papers were read by title, their authors being absent:

"Uremic Coma," by Dr. W. T. Short, Grove City; "Diagnosis of Pericarditis with Effusion," Dr. S. E. Munson, Springfield; "Pulmonary Tuberculosis," Dr. Amos Sawyer, Hillsboro; "The Practical Value of the Cystoscope in Diagnosis," Dr. Josephine Milligan, Jacksonville; "Report of a Case," Dr. Naomi P. Collins, Decatur, and "Some Notes on the Course and Treatment of Pneumonia," Dr. W. A. Melton, Warrsburg. Dr. Melton was present, but not having prepared a paper, it was voted that he open the discussion on that subject.

The following papers were read and dis-

cussed: "Treatment of Pneumonia," by Dr. W. H. Geddy. Dr. Melton discussed the paper at considerable length. He said that he had noticed that the course of the fever was usually short when the fever ran high. His favorite heart stimulant in such cases is strychnia. He emphasized the danger of overdosing.

Dr. Kreider spoke of cases treated in the Wabash Hospital at Springfield, with cold applications and uniform recovery.

Dr. Norbury favored the cold treatment, but indicated the necessity of selecting the cases for that method. Dr. Eddy also dwelt on the matter of overdosing, and called attention to the epidemic tendency of pneumonia at times. He mentioned an instance in his practice where twenty-eight cases occurred in the same season in a community of four miles square.

Dr. Miller also mentioned an epidemic of ten cases. Dr. Huber laid stress on the nursing advised little or no medicine.

"Rheumatoid Arthritis" was the subject of an interesting paper by Dr. Frank P. Norbury of Jacksonville. It was discussed by Dr. Brown, who alluded to a case in his practice in which the pain finally subsided.

Drs. Kreider and Nelms also spoke briefly on the subject.

Dr. Wright of Taylorville presented a paper on "Puerperal Fever." The discussion was lively and a diversity of opinions was offered as the cause and best means of treatment. The bone of contention in the matter of treatment was with regard to the advisability of using the curet. The discussion ranged from the frequent use to the exclusion of that instrument. All were agreed that copious douches of boiled water were beneficial.

A very interesting and timely paper was read by Dr. W. T. Moffett of Blue Mound on "Suggestion as an Element in Treatment." The essayist treated the subject in a broad and lucid manner. He called attention to the fact that we all use this factor either intentionally or unwittingly and solicited for it its proper recognition. Dr. Griffith also thought that the matter of suggestion had been neglected. Dr. Prince related some very interesting experiences with suggestion. He spoke of a case of hysterical blindness in which normal vision was recovered by suggestion assisted by some tonic treatment. Also of a case of a boy whom he cured of "inverted vision" by suggestion.

Dr. E. J. Brown of Decatur read a very interesting paper on "Gastric and Duodenal Ulcers with Report of Cases." The subject was treated in a masterly manner. The discussion was general, the consensus of opinion being that Bismuth was the most efficient remedy.

Dr. A. E. Prince read a paper on "Inflammation of the Middle-Ear." He dwelt on the liability of extension of the infection to the mastoid cells, and said further that many cases of meningitis were caused by infection through the temporal bone. He alluded to the stress laid by insurance companies on chronic middle-ear diseases, and named one company that absolutely refuses to take such risks.

A motion was made by the secretary to

change the time of meeting of the Society to the evening. An amendment was offered by Dr. Kreider that the change be left to the discretion of the officers of the Society.

Dr. T. L. Catherwood of Shelbyville was unanimously elected president of the Society. Dr. E. J. Brown was elected first vice president and Dr. G. W. Fringer, second vice president.

The treasurer and secretary were re-elected. Dr. Griffith was elected to succeed Dr. Burwell.

There was a balance of four dollars due the secretary for expenses from the previous meeting, five dollars from the last meeting, making a total of nine dollars. From the assessment made at the previous meeting six dollars and fifty cents was collected leaving a balance due of three dollars and fifty cents.

The meeting adjourned to meet on the last Tuesday of October, 1901.

C. R. Spicer, Secretary.

Meeting of the Chicago Pathological Society, May 13, 1901. Dr. L. Hektoen, President.

Dr. I. B. Diamond presented a paper on "The Cellular Changes in Tuberculosis Meningitis." Plasma, lymphoid and phagocytic cells form the greater portion of the cell-infiltrations in the vascular and extravascular areas of the leptomenin in acute tuberculous meningitis. The plasma and lymphoid cells emigrate largely from the lymph spaces of the arterial adventitia and from the finer capillaries. They proliferate largely by indirect division, a certain number, however, are derived from lymphoid cells. There are two kinds of phagocytes, (1) those which proliferate from the endothelial lining of the capillaries and lymph spaces, and (2) those from the subendothelial intimal connective tissue.

The most important of the vascular changes, —the tuberculous endarteritis—develops in the following manner: plasma and lymphoid cells accumulate underneath the endothelium of the intima; later the subendothelial intimal connective tissue cells are found mixed with the former. They proliferate next to the elastic coat, are to a certain degree phagocytic and resemble epithelial cells. They also run together and form giant cells and in this manner characteristic intimal tubercles develop. Changes of the endothelial lining of the arteries occur later, especially when there is caseation or hyaline degeneration of the collection underneath.

Of interest is the great production of plasma cells which is analogous to the cell changes described by Councilman in acute interstitial nephritis, while on the other hand, the production of phagocytic cells is analogous to the cell changes described by Mallory as occurring in typhoid fever.

Dr. Lewellys F. Barker presented gross and microscopic specimens of the buboes and internal organs removed from Chinese, dead of plague, in San Francisco. The demonstration was accompanied by a brief description of the pathology and pathogenesis of bubonic plague. In the bubonic form of the disease the lesions in the lymph glands and surrounding tissues—

edema, hemorrhage and necrosis—are very characteristic. The changes in the spleen are more marked in the septicemic form than in the bubonic form. The specimen of spleen under the microscope showed extensive necrosis of the splenic framework and pulp, with wondering in of polymorphonuclear leukocytes.

Primary plague pneumonia is distinguished from aspiration pneumonia and from embolic pneumonia occurring as complications of plague. The enormous number of bacilli present, the abundance of blood in the exudate, and the small part played by fibrin are interesting features.

The question of portal of entry was discussed in connection with the various clinical types, and an effort was made to explain the fact that local lesions in the skin and mucous membranes and lymphangitis are rarely present the first outspoken lesions occurring in the nearest packet of lymph glands.

Dr. Leo Loeb demonstrated microscopic sections showing the difference between the atresia of follicles in different stages of maturity; also microscopic sections of two ovaries of the guinea pig in which all follicles presented the picture of hypertrophy of the epithelium and in which the atresia without exception started by the ingrowth of connective tissue and capillaries into the follicular epithelium. Two slides were demonstrated showing follicles in the process of atresia each one of which contained two ova. In one of these two follicles both eggs showed progressive changes, in the other follicle one ovum was unchanged and well preserved, the other ovum was segmented. In a third atretic follicle, of which a slide was shown, in which three ova were present, two of these were unchanged, the third ovum had undergone certain changes, the exact nature of which could not with certainty be determined. Another specimen showed a structure resembling very much a small corpus luteum, in the center of which however, two successive sections demonstrated the presence of an ovum. At present it must be left undecided, if in this case the ovum of a ruptured previously might in the stage of atresia give rise through hypertrophy to a structure similar to a small corpus luteum.

Dr. Maximilian Herzog presented a gastrolith composed of persimmon seeds which had caused perforation of the stomach and death in a three year old boy in the practice of Dr. Cargile of Bentonville, Ark.

George H. Weaver, Secy.

The Vermillion County Medical Society met the evening of the 10th in the Danville city hall, called to order by the Vice President Dr. Fairhall.

Minutes of April Meeting read and adopted.

The Board of Censors reported favorably on the names of Drs. Mason, Hardman, Miller and Saunders followed by their election to membership. The name of Dr. H. S. Babcock of Jamesburg was presented for membership.

Dr. J. H. Clinch read a very interesting paper on enuresis which developed a very in-

teresting and instructive discussion closed by the essayist. Dr. E. E. Clark reported two cases of nasal reflex in which the symptoms were almost alike i. e. pain in throat, hoarseness, cough and a sensation of constriction believed by the patient to be caused by some throat trouble, of which there was none, but a complete restoration followed the removal of a large septal spur in each case. Dr. Johnston reported a case of corpulency of 251 pounds reduced to 221 in a short time by the use of thyroid extract, beginning with 5 gr. doses and increasing to 10 grs.

Dr. E. A. Johnston was appointed to read a paper on general electricity at the June meeting.

There being no further business the Society adjourned to the June meeting.

E. E. Clark, Secy.

The Sangamon County Medical Society met at eight o'clock, Monday evening in the county supervisor's room. The meeting was called to order by the President, Dr. J. N. Dixon. Upon motion the reading of the minutes was dispensed with. The applications of Drs. Geo. E. Clements and O. F. Maxon having been approved by the board of directors, were upon motion by Dr. E. P. Bartlett, which was seconded, elected, the secretary casting the ballot for the society. Dr. Bartlett moved that the president of the society, Dr. J. N. Dixon, represent the society as its member of the nominating committee at the meeting of the State Medical Society in Peoria, the motion prevailed.

The president announced as representatives to the A. M. A. meeting in St. Paul, Drs. G. N. Kreider, S. E. Munson and Joseph Brashaw. The secretary was ordered to furnish the delegates with certificates. An editorial on the "triumphs of osteopathy" which appeared in one of the daily papers was read for the societies information. Dr. Heber Robarts of St. Louis, Mo., then presented the subject: some recent uses of electric currents. Referred to the diffusion of currents through the body, voltage being considered the primary factor. In the use of the electric current there are conditions we can tell with absolute certainty before the treatment is applied, what can be done in that particular case. Electricity used for the production of radiant matter, which is itself electricity converted into non-visible light, is a topic filled with interest. Crooks tubes were described and explained the phenomena which lead to their discovery. Gave a short history of Prof. Roentgen and his work. Described and explained the causes of the so-called inaccuracies of the X Rays whereby failures occurred. Told how these errors on the part of the operator could be corrected, how to become accurate in this work. The necessity for guarding against inaccuracies due to faulty position and also the thorough acquaintance with the instrument with which you are working. Explained the technique of taking a picture of both hips in one picture. Spoke of the use of the X Rays in treating

disease as even one of greater interest. Told of the removal of hair by the X Ray, and said this effect is taken as a basis of action for the treatment of about all of the surface diseases in which it is applicable. It requires knowledge of the technique of the apparatus used and the method of application of the rays together with the appearance in each step of the treatment, only physicians should be permitted to do this treatment. Gave a description of the re-action of lupus vulgaris under X Rays treatment. Psoriasis, lupus, skin cancers so-called, acn eczema, scar tissue, and other skin affections, benign or malignant require about the same care and time to effect a cure. Described the protection necessary to avoid injury to healthy tissues in these treatments. More time and better methods are required for proving internal re-actionary effects of the X Rays. They are not germicidal in the sense of carbohc acid, but active in a far reaching sense. Possibly greater potency is given the phagocytes and in the glandular realm and blood ratio serving to raise the vis conservatrix or healing power of nature. Dr. A. E. Prince expressed his thanks and appreciation for the paper, thought much might be gained from it. Spoke of his experience with the static current, was able to relieve all kinds of headaches, sometimes greatly surprised at the unexpected benefits. Dr. G. N. Kreider said he had expected to hear something about the electrical current with which he was familiar. Had had no experience with static electricity, appreciated the author's honesty in his talk on this subject. Dr. Buck said his experience had been with the faradic and galvanic currents which he had found of inestimable value in certain diseases. Was very much interested in the paper, thought the subject had been presented in a clear and forcible manner. Dr. Dixon expressed himself as being very much interested in the X Rays from a medico legal standpoint, so far he had been disappointed in the results obtained. Dr. Bartlett spoke of having recently seen a skiagraph, made by an amateur, which was remarkably clear, being the picture of a fractured bone. Dr. Munson said cases were treated in Europe with the X Rays for superfluous hair by electricians. Dr. Roberts in closing spoke of mercurial cataphoresis for removal of cancerous growths. Thinks the static current the best all around remedial electrical agent. Burns from the X Rays are usually due to carelessness and over anxiety for speedy results, comes from the X Rays itself, some persons more susceptible than others. Acquaintance with the machine and technique are important. For lupus it is an invariable cure. From a medico legal aspect, the skigraph being a picture of a shadow, must be proven true, inaccuracies due to fallability of the human mind. Absoluteness can be secured by the use of the fluorometer and furoscope. Mechanical devices used to assist in making exact locations. Dr. E. E. Hagler moved that the thanks of the Society be extended Dr. Robarts for his highly interesting and valuable paper and talk that

followed. The motion being seconded was expressed by a rising vote of the Society. Dr. Kreider moved that the chair appoint a committee of three to go before the Board of Supervisors at their next meeting and get an order from them permitting the Sangamon County Medical Society to hold its meetings in the supervisors room. The motion prevailed, and also a motion to pay the janitor for the extra service rendered on our meeting nights. The president appointed on the committee to go before the Board of Supervisor's, Drs. E. E. Hagler, J. N. Dixon and A. W. Barker. There being no further business the Society adjourned.

B. B. Griffith, Sec.

The 27th Annual meeting of the Southern Illinois Medical Association was held in Metropolis, May 16-17, 1901.

The Association was called to order by President, W. F. Grinstead of Cairo, at 10 A. M. May 16th and after invocation by Rev. W. T. Morris, H. C. Fisher proceeded to deliver the address of welcome. This address was wholly outside of the usual scope of such addresses and was very decidedly humorous, giving each member of the Society a hearty laugh.

Dr. Lee being absent, the president responded.

The minutes of the previous meeting were read and aproved.

The president appointed three members to act as a Board of Censors until such time as the regularly elected board should arrive.

A communication from Mr. Galbraith in regard to his brother's (Dr. C. M. Galbraith) dues to the Society being read, motion was made and carried that on account of military service of Dr. Galbraith in the Phillipine Islands, his dues should be remitted for one year.

A letter from Dr. R. H. Jacobs of Stone church was read expressing his sincere regret at his inability to attend our meeting and enclosing his article on the program.

Motion was made that we furnish any members who have removed from the bounds of the Society and who had no dues charged against them at time of removal with a certificate of withdrawal and that their names be stricken from the roster of membership. Carried.

Adjourned until 1:30 P. M. at which time the Association was again called to order by the president.

Among the valuable papers presented at this session might be mentioned "our successes and our failures" by Dr. R. H. Jacobs of Stone church. The secretary read this paper owing to the enforced absence of Dr. Jacobs.

Dr. Rivers reported one of his failures which was discussed by Drs. Ferrell and Grinstead. Dr. Telford also reported a case in which he had met no success. This case was discussed by Drs. Fairbrother Rivers and Dunaway, each of whom had something of practical value to say.

Dr. Hargan reported a case which he stated while not yet being a failure would in his opinion finally result in a funeral, unless

happily they changed physicians (he being the physician in charge) and then went on to ask the advice of his fellow-practitioners on the case. This brought forth a lively tilt of words, various expressions being given as to the cause of the trouble. Drs. McRaven, Rivers and Ormsby, joined in this discussion.

Dr. A. C. Ragsdale read a paper entitled "The Journal and the Good of the Society." A most excellent article bearing on the benefit of being a member of our Society, and also making some valuable suggestions concerning the welfare of our Society.

Drs. McAnally, Telford, Fisher and Ferrell spoke in very complimentary terms of the paper and Dr. Ferrell admonished the members of the Society that the Journal was a benefit to our organization and should receive the support of each member.

Motion to discontinue reading papers which were not presented by the author in person. Amended that papers not presented by the author should be read only after the regular order of business should be concluded. Carried as amended.

Dr. H. V. Ferrell next made a talk on hour glass contraction of the uterus, with report of cases. This was a most excellent, clear, concise talk on the subject without notes, and held the undivided attention of the association from beginning to end.

Among those who joined in the discussion may be mentioned Drs. Empson, Telford, Orr, Hargan, Rivers and Dunaway.

The board of censors reported the following candidates for admission to our association favorably:

C. A. Mozley, Brookport; Horace T. Rivers, Paducah, Ky.; Andrew E. Miller, Metropolis; C. E. Tucker, Joppa; J. A. Trovillion, Golconda; M. M. Glass, Brookport; J. E. Woelfe, New Grand Chain. A. W. Farr, New Grand Chain.

Upon motion, report of board of censors was approved and candidates declared elected to membership.

Motion to adjourn until 9 A. M. Friday, May 17, carried.

It was necessary to dispense with the no doubt excellent entertainment prepared for the association by the local fraternity of Metropolis, as the mayor had issued a proclamation forbidding public gatherings of all kinds. The time, however, was agreeably occupied by a boat trip and visit to the Elk's Carnival at Paducah, Ky.

The association was called to order promptly at 9 A. M. May 17th by the president.

Report of committee on revision of constitution and by-laws was next read. This report called forth a great amount of discussion, making, as it did, several very important changes in the constitution and by-laws. Drs. Ferrell, McAnally, Ormsby and Trovillion took an active part in this discussion.

Motion was made that we request the committee on revision of constitution and by-laws to add to their report an article providing for social membership in this organization of eclectics and homeopaths who are in good standing, both socially and professionally, with

all the rights and privileges of this association except those of voting and holding office. Lost.

The report of the committee on revision of constitution and by-laws was now laid over to await the next meeting per the provision of the present constitution.

Motion that all members being \$5.00 or more in arrears in dues shall be notified by the treasurer to pay the said sum of \$5.00. Upon payment of which they will be considered in good standing with dues paid until May 1, 1902, and failure to pay this sum of \$5.00 within 30 days from date of notice shall result in their being dropped from membership in this association, and the treasurer is hereby directed to send a copy to all such delinquent members and upon their failure to pay shall notify the secretary to that effect. Carried.

The report of the secretary being called for he said in part that he desired to thank the various members for the kindly and courteous way in which they had treated his efforts as secretary and himself.

He further presented bills amounting to \$38 70, being all those which had passed through his hands since the previous meeting.

The report of treasurer was read, showing—

Balance on hand.....	\$133 75
Received during year.....	106 75
Balance on hand May 1, 1901.....	134 65
Disbursed during year.....	105 85

Motion to approve both report of secretary and treasurer, carried.

Motion that in view of the immense amount of work done by the treasurer and the excellent condition of his books, we vote him an honorarium of \$10.00. Carried.

The board of censors reported favorably the application for membership of Dr. J. A. Orr, of Metropolis, Ill., and on motion the report was approved and Dr. Orr declared elected.

On motion, Dr. A. Berger, of Lebanon, Ill., was made an honorary member of this association.

At this point Dr. J. T. McAnally cordially invited the association to meet in Carbondale in next November, which, on motion, was selected as the next meeting place.

Election of officers next took place, with the following result:

President—O. A. Dean, Campbell Hill.

First Vice President—J. A. Helm, Metropolis.

Second Vice President—M. D. Empson, Hartford.

Secretary—O. B. Ormsby, Murphysboro.

Assistant Secretary—C. E. Ormsby, Murphysboro.

Treasurer—A. T. Telford, Menard.

Motion to extend to the profession and citizens of Metropolis a hearty vote of thanks for the splendid hospitality extended to this association, carried.

Motion we thank members of the Southwestern Medical Association who have been in attendance at our meeting and invite them to come again, carried.

Motion to make R. H. Jacobs, of Stone

Church, delegate to the American Medical Association, carried.

All business now having been disposed of the article of C. E. Riseling was next taken up, being read by the secretary, Dr. Riseling being absent on account of ill health. This was a scientific, exhaustive and practical article on malarial fevers, their clinical aspect and diagnosis. The paper was discussed at some length by Drs. Ferrell, McRaven, Ormsby and Empson.

As many of the members were impatient to get away, some desiring to attend the State Society, while others had left cases demanding their prompt return, after the introduction by President W. F. Grinstead of incoming President O. A. Dean, the association adjourned to meet in Carbondale, Ill., November 21-22 next.

Respectfully,

O. B. Ormsby, Secretary

MEETING OF THE MEDICAL SOCIETY OF RUSH COLLEGE, APRIL 1 1901.

Dr. Frank Billings exhibited a patient with tumor of the mediastinum.

John J., age 39, married, a laborer, presented himself as a private patient on January 23, 1901.

Family history negative. Previous health good during his whole life, excepting an attack of bilious fever when 12 years of age. He uses alcoholic drinks very moderately; uses tobacco moderately. Denies venereal disease.

A year and a half ago the present illness began with sharp lancinating pain in the right upper chest. This continued steadily, growing gradually worse until about three months ago. Three months ago, commenced having a sharp ache in the left upper chest. This was aggravated by exertion and was especially bad at night. This was accompanied with radiating pain in the left shoulder and down the inner side of the arm to the elbow. The pain is worse when lying down. It is also severe upon first moving about in the morning, but grows somewhat better after a little exercise. He has a dry cough aggravated by exercise and the dyspnoea of exertion. The voice has never been changed in quality. The appetite is capricious, but the digestion is fairly good. The bowels are constipated.

Examination, 6 ft. in height, weight 135 pounds, a loss of 35 to 40 pounds from the full normal weight. The skin is sallow and muddy; the general appearance is one of cachexia. The eyes are negative. The larynx is negative. The superficial veins in the left pectoral region are dilated. Expansion of the chest is limited on both sides and is apparently due to want of muscular power. The respirations are rather rapid and shallow. The apex beat of the heart is visible and palpable in the sixth interspace in the nipple line. Dullness extends from the right sternal border at the top of the second rib to one centimetre outside the left nipple and upward on the left side to the third rib. No throbbing of the chest can be felt. At the apex of the heart a soft systolic murmur is transmitted downward into the

seventh interspace and in the axillary line. No murmurs are heard at the base of the heart nor behind. The pulmonic and aortic second sounds are equal and not accentuated. The radial pulses are equal and synchronous. The carotids are equal and synchronous. The pulse is 96 per minute and occasionally intermits. The lungs are negative. The abdomen negative. The urine normal chemically and microscopically. The blood shows 4,200,000 red cells, 70 per cent. of hemoglobin and 8,500 white cells.

This patient has been in the Presbyterian hospital since January 26th and many examinations have confirmed the findings named above. Recently the radial pulses have been unequal, the left the smaller when the patient is sitting or standing, but they appear equal when he is recumbent. With rest in bed he has become more comfortable until now he no longer suffers from pain of any importance in the chest. The physical findings are, however, the same and an X-Ray photo shows a mass in the mediastinum just above the base of the heart.

The diagnosis of mediastinal tumor is based upon the fact that the patient denies venereal disease, has a family of healthy children, his wife has never miscarried, the disease has been slowly progressive associated with loss of considerable weight accompanied with cachexia. Furthermore, by the fact that in spite of the pressure being great enough to interfere with the circulation in the vein and at a point which must be near the transverse arch of the aorta and therefore near the recurrent laryngeal nerve and blood vessels of the left side, it has not produced a change in the pupils or larynx or pulse which one would expect to find in an aneurism of the same region.

On the other hand, the patient has improved with rest and with moderately large doses of iodide so that there is a possibility of aneurism and the diagnosis of mediastinal tumor is therefore tentative.

Drs. E. Fletcher Ingals and Otto T. Freer presented the history and pathological specimen of a case of malignant mediastinal tumor occurring in a man about 35 years of age.

The first symptoms consisting of coryza and tickling sensation in the throat, had begun about four months before he came under observation. Dyspnoea began about a month later and had steadily increased. At the end of two months there had been some swelling and congestion of the face, and he had first noticed distension of the superficial veins. There had been no real pain. When first seen the patient was strong and well nourished, but the cough was very troublesome and the dyspnoea alarming if he lay down for a few minutes. There was dullness on the front of the chest over an area extending from the clavicles to the lower edge of the ribs, and laterally about three inches each side of the sternum, with flatness over the lower part of the right chest. The fluoroscope revealed a dark shadow nearly corresponding to, though somewhat larger than, the area of dullness. The respiratory sounds were absent over a

large part of the dull area and lower part of the right side, but nearly normal elsewhere. There were tracheal rales indicating compression of this tube. The superficial thoracic and abdominal veins were moderately enlarged and upon stripping the superficial epigastric veins the blood was seen to be flowing downward, because of obstruction of the superior vena cava. There were a number of slightly enlarged inguinal and cervical glands and the left vocal chord was paralyzed in the cadaveric position.

The patient grew steadily worse and died in about two weeks. Post mortem revealed a large anterior mediastinal sarcoma corresponding closely in size to the clinical findings. There were very slight changes within the abdominal cavity. There was a large collection of serum in the right pleura, extensive adhesions of the left pleura, and the heart and larger blood vessels together with the trachea were much involved by the tumor mass. The very interesting pathological changes were pointed out which revealed the causes of the symptoms which had been present before death.

Dr. Arthur Dean Bevan presented specimens of salivary stones, gall-stones, pancreatic stones, kidney stones, bladder stone, and reviewed the points in the etiology, pathology and natural history common to all of them. He also briefly reviewed the histories of the cases from which the specimens had been obtained. He stated that all true stones consisted of two substances of different origin, one the frame work of organic material derived from the mucosa of the duct or reservoir in which the stone was formed; the second the crystalizable substances derived from the secretion of the gland in connection with this duct. He believed that the essential cause of true stone formation in any position was a catarrhal inflammation of the mucosa of mycotic origin.

In the case of salivary stones in addition to this essential cause, i. e. mycotic infection, there was occasionally found as a nucleus, a foreign body which had worked itself into the ducts of the salivary gland. The germs producing a catarrhal inflammation of the mucosa which led to the development of salivary calculi gained access to the mucosa probably from the mouth through an ascending inflammation. The finding of leptothrix and other germ forms by Klebs and Gallippe in salivary calculi seemed to demonstrate this fact. One could not exclude, however, the possibility of such germs reaching the salivary glands and ducts through the circulation.

In connection with gall-stones, the same etiological factors are present. The germs producing the essential catarrhal inflammation reach the mucosa of the bile-tract by an ascending inflammation from the intestines in some cases; in others probably through the blood carried to the liver. It is difficult to state which route is the more common as the germs usually found in gall-stones, the colon bacillus and the bacillus of typhoid, might reach the bile-tract by either route. Foreign bodies are occasionally, but very rarely, here, the nuclei of stone.

In connection with pancreatic stone, Dr. Bevan stated that the etiological moments were practically the same as in gall-stone formation. He called attention to the difficulty of diagnosing pancreatic stone and to the probability that it was more common than we have heretofore believed; also that it was probably an important factor in acute pancreatitis and fat necrosis. The development of the surgery of the pancreas within the last few years makes us hopeful that in the near future we shall be able to diagnose and operate successfully for pancreatic calculi. In 1885, when Charles T. Parkes first suggested and planned choledochotomy, it seemed to the surgeons of that day as difficult an undertaking as the removal of a stone from the pancreatic duct seems to us today and yet choledochotomy soon earned for itself the position of one of the most successful and brilliant of surgical achievements.

In demonstrating a number of calculi from the urinary tract he stated that we had here, probably, again the same etiological moments, viz: a catarrhal inflammation of the mucosa of mycotic origin. There could be no question that the germs producing this inflammation might reach the mucosa either by ascending the urinary tract or might be brought to the kidney or bladder by the blood. He believed the most common germ from here was the gonococcus, which represented the first route, and the bacillus of typhoid and the colon bacillus both probably representing the second.

The natural history and symptom complex is very much the same in all forms of calculi; they may remain for years innocuous without giving evidence of their existence; if they do give evidence of their existence, it is either because mechanically from change of position or increase in size, they interfere with the patency of the duct or reach a point in the duct too small for their accommodation, as in the passage of a stone through the common duct or a stone through the ureter; or more frequently the cause of symptoms was the occurrence of a fresh infection of the mucosa—this infection favored by the presence of the calculus.

The X Ray is of great value in determining the presence of urinary calculi whether in the kidney, ureter, bladder or prostate. This means of diagnosing has not as yet been satisfactory in determining the presence of gall-stones excepting in a limited number of cases. Within the last few years much brilliant work has been done in kidney-stone surgery, thanks to this means of diagnosis.

James B. Herrick, Secretary.

CHICAGO MEDICAL AND CHICAGO NEUROLOGICAL SOCIETIES.

A joint meeting of these societies was held April 3d, with Dr. Hugh T. Patrick, President of the Chicago Neurological Society, in the chair.

The subject for discussion was Epilepsy. The first paper was read by Dr. Elbert Wing. EPILEPSY; ITS DEFINITION, PATHOLOGY AND SYMPTOMATOLOGY.

Definition. The definitions found in the literature of this subject are of two classes.

Those in one class do not define anything, but are mere generalized statements applicable to several diseases and of no value. The others are carefully worded, exact definitions. Examples of the first class are: "Epilepsy is a sudden, rapid, excessive, occasional and local discharge of the cerebral cortex." "It is a syndrome of nervous and mental symptoms appearing under a variety of pathological states." The best representative of the other class that of Growers: "The term epilepsy is applied to a disease in which there are convulsions of a certain type, or sudden loss or impairment of consciousness, but in which the convulsions are not due to active brain disease, to reflex irritation, or to abnormal blood states, and in which isolated loss of consciousness is not due to primary failure of the heart's action." In their discussion of the subject, all writers practically accept the conditions of Growers' definition, and it may be affirmed:

1. That impairment or loss of consciousness is the fundamental phenomenon in a paroxysm of epilepsy.

2. That convulsions of a purposeless type may or may not accompany the disturbance of consciousness.

3. These phenomena must not be due to active brain disease, blood states, reflex irritation or primary failure of heart's action; that is to say, it is possible to distinguish attacks of idiopathic epilepsy from attacks which closely simulate epilepsy, but which occur in connection with other diseases.

Symptoms. The paper follows the customary division of attacks into stages.

First stage, that before unconsciousness is developed. There are two distinct types of symptoms in this stage. The first consists in slight disturbances of general health, chiefly of digestion, and irritable, suspicious, impulsive or confused mental states. The second are the phenomena known as *aurae*. Attacks occur in which both types, and hence the first stage of the paroxysm, are lacking. *Auræ* are symptoms of cortical irritation. They may involve in varying degrees motion, common sensation, or the special senses. At times, they implicate the areas of intellectual action and are manifested in simple concepts, or the wide ranges of action which constitute the conditions known as psychical equivalents of epilepsy and double consciousness. These elaborate concepts may constitute the entire attack.

Second stage. It is customary to divide the second stage into that of convulsions and that of post-epileptic coma. With or without a preliminary outcry, consciousness is suddenly and completely lost and convulsions begin. The paper describes the usual course of tonic and clonic convulsions, with their occasional involvement of smooth-fibered musculature, manifested in involuntary evacuation of rectum, bladder and seminal vesicles, and asserts that studies of pulse and temperature during the seizures are unavoidably occasional and inconclusive.

The post-epileptic coma which follows the convulsions usually terminates in deep sleep.

From this sleep the patient may awake in comparative mental and physical comfort, or suffer general malaise, muscular pains, headaches, paralyses, polyuria, or mental disturbances, which range from violent insanity to elaborate manifestations of double consciousness. The occasional forgetfulness of events immediately prior to an attack, to which Strumpell refers, is not peculiar to attacks of epilepsy.

The Minor Forms. Paroxysms of minor attacks, or *petitmal*, occur in two principal forms and with or without warning. In one there is only momentary arrest of consciousness with or without interruption of consciousness. The other form constitutes the varied phenomena of double consciousness, and between these extremes all variations occur. Reference to two types may suffice. Some believe no attack is free from some motor disturbance, e. g., mimetic movements of facial muscles. Others claim that attacks of profuse sweating and unconsciousness are the only symptoms. The writer has one such case under observation. It is not a matter of great consequence whether a given symptom is called an *aura* or as so-called psychic equivalent constitutes the entire seizure.

Relation of Migraine to Epilepsy. The relation of migraine to epilepsy is so often mentioned that it demands a passing reference. These diseases have in common neurotic heredity, periodicity, early beginning, and at times the same exciting causes. Many sufferers with migraine have become epileptics and both diseases may occur in the same person. In some cases of so-called ophthalmic migraine, the symptoms closely resemble the *auræ* of epilepsy. Some such cases have been cured by bromides. Kraft-Ebing's statement is generally accepted, namely, "I do not know a single case in which simple migraine could be clinically related to epilepsy."

Pathological Histology. Challin and Fere long since claimed a peculiar cortical gliosis as characteristic of epilepsy. Bevan-Lewis claims characteristic vacuolation and degeneration in the large cells of the second layer. Kazowski and Van Gieson have recently confirmed both claims. Most of those who deny the significance of these findings are not histologists. Ohlmacher has found persistent thymus and enlarged lymphatic glands.

General Pathology. The histologic changes may increase irritability and make the transmission of nerve force uncertain and irregular. The perversion of some secretions, e. g., that of the thymus, may both induce these histologic changes and excite the perverted functional activity which constitute the paroxysm of epilepsy. Many central and peripheral irritant impulses may also excite the attacks from toxins to phimosia. Whether an attack shall be one of grand mal, ordinary petit mal, or of double consciousness, depends more upon the active site of the cerebral lesion than upon the nature of the exciting cause. If the action of the Rolandic area predominates, the fit is a major attack; if the higher centers are most active, it is somnambulistic.

Dr. Harold N. Moyer spoke of the diagnosis and variations of epilepsy as ordinarily recognized. Epilepsy is easily identified when the convulsive attacks are typical. Unfortunately, the family physician often, and the consultant almost invariably rely upon the descriptions of lay people for the sequence of events in the seizure. Epilepsy is a symptom complex, but unlike chorea and other symptomatic disorders of the nervous system, any of the features which make up the attack, may be absent in a particular case. The definition of epilepsy by Donath, seems to be as satisfactory as any so far proposed: "An abnormal excitement of the cerebral cortex which increases suddenly, is periodical in its manifestations, has a typical course and disappears rapidly. Whether the attack occurs without unconsciousness and amnesia, depends upon the strength and extent of the irritation." The ordinary classifications of grand mal and petit mal are provisional only as they relate to the severity of the convulsions, the one type shading into the other, but such a definition is useful. A lapse of consciousness is the most constant feature in an epileptic seizure, but it may be absent even in cases which are characterised by convulsions, though the latter is very rare. In petit mal the loss of consciousness is very slight, or may not occur at all. Jacksonian epilepsy is by no means clearly demarcated from other forms, but it is commonly understood to mean those attacks which begin in a limited area of the cortex and extend by continuity. Sometimes the convulsions become general with a loss of consciousness, but more frequently they are only partial.

The greatest difficulty in the diagnosis of epilepsy is the so-called equivalent, which are simply psychical states sometimes marked by automatic acts, alteration in the emotion or dream states. They may consist in alterations in the sensory perceptions, the so-called auras. Epileptiform seizures which occur in general paralysis of the insane, offer very little difficulty in diagnosis, as the signs of somatic disturbance are usually pronounced. It is well to remember, however, that occasionally grave organic disease may be initiated by these convulsions, instead of having the latter appear in the terminal stage.

Uremic convulsions may occasionally present every symptom found in the epileptic type, the patient being seized suddenly, falling back convulsed, with a slow return of consciousness.

A very unfortunate combination of words is that known as hystero-epilepsy. These cases are hysteria and not epilepsy. They are distinguished from true epileptic attacks by the absence of an initial cry, the movements are at least co-ordinate if they do not have a purposive character, the tongue is not bitten, the patients do not injure themselves. The duration of each convulsion is several hours with frequent remissions. Consciousness is generally preserved.

In conclusion, emphasis was laid upon the importance of the early recognition of epilepsy. In too many instances the family physician shrinks from the diagnosis and not infrequently

the family are advised that a single convulsion, even though it have all the epileptic characters, is due to a disturbance of the stomach, or constipation or other trivial cause, or, if it occur in a child, that the condition will be outgrown. This leads to a false sense of security and a failure of early treatment in this disease, when it is curable.

Dr. Sanger Brown read a paper on Hereditary, Mental and Allied States, Including Physiological Epilepsy.

Suddenness and violence of phenomena in epilepsy are suggestive of chemical reaction. Therapeutic measures founded upon the theory that the disease is due to an excess or diminution of this or that organic substance in the economy have been disappointing. Heredity may be divided into similar and dis-similar. Similar heredity implies the existence of epilepsy in ascendants, while dis-similar heredity refers to such ancestral diseases as insanity and imbecility. Authors do not agree as to what diseases should be included in the list of dis-similar hereditary influences. Some include tuberculosis, migraine and hysteria. All agree that insanity and imbecility are by far the most important factors. Accepting the latter limitation, Gowers finds either similar or dis-similar heredity in 35 per cent. of all cases, and of these two-thirds are similar and one-third dis-similar, with a slight preponderance of females. Similar heredity is more often transmitted through the mother and the heritage prefers the sex of the parent from which it was derived. That the disease is due largely to an inherited defect of the nerve elements, rendering them unduly stable, and conformably to the fact that a majority of all hereditary cases begin during the same period, would be expected when the instability of the nervous system during childhood, youth and adolescence is remembered. The author's experience does not either confirm or contradict the statement that cases of hereditary epilepsy are more amenable to treatment than those devoid of that feature.

The psychic or mental manifestations were divided into those momentarily preceding or terminating in other phenomena, or those extending over a period ranging from a few minutes to a few days prior to the seizure or seizures, those which alone comprise the individual attack and those which are the result of the fits either momentarily or remotely, and finally, a class of cases in which the mental disease or disorder is of such a nature that it might be more properly regarded as an association with rather than an expression of epilepsy. Of the first class, the most common are those which momentarily precede the fit, and fairly constitute the mental or psychic aura. To mention these in the order of their frequency, those cases come first in which a familiar environment seems strange, and next those in which the surroundings seem a repetition or at least peculiarly familiar. There is a vivid mental perception of detail, sometimes analogous to the visual impression made by the lightning flash in dense darkness. Vague fear, but perhaps intense; a depressing sense of confu-

sion; a consciousness of absurd or trivial mental contents; anger; revenge; joy amounting sometimes almost to a mental or psychic orgasm; a vivid recollection, sometimes quite elaborate—a girl at the Queens Square hospital, London, always had a vivid mental picture of a playground and playmates of some years before.

Those changes which precede the seizure for a variable period are properly regarded as premonitions. They commonly consist of marked irritability, depression, violent explosions of temper, indecency, untruthfulness, or a sense of mental exhilaration and joyousness rapidly progressing to maniacal confusion and frenzy. In epileptic wards of the New York City hospitals for the insane, I have seen violent frenzy lasting from a few minutes to an hour or more, develop immediately after the fit, both in cases where these manifestations constituted the sole mental disorder as well as in those where obvious signs of dementia existed. Doubtless, under these circumstances, transitory frenzy might constitute a valid defense for homicide. Indeed, a defense of this kind would be very strong if the defendant were known to suffer from epilepsy, whether the frenzy had been previously known to be intimately related to the fits in point of time or not.

Remotely, Moroseness, irascibility, stubbornness, meanness, treachery, vindictiveness, different degrees of dementia and mental brilliancy are all found variously combined in association with or (excepting the last) as a result of epileptic seizures.

Dr. Daniel R. Brower discussed the treatment of epilepsy. The prophylaxis of epilepsy demands much more attention than it ordinarily receives. A convulsion in the infancy of a child of neurotic inheritance is often the first manifestation of an epileptic tendency, and deserves serious attention.

Children of this tendency, should be relieved from severe nervous and mental strains. They should be kept from the use of alcoholics, opiates, coffee, tea and tobacco in early age and adolescence, and from sexual irregularities and excesses. Phimosis, errors in vision, diseases or deformities of the upper air passages, or any other abnormality may demand attention and correction. The question of occupation is an important one, and parents must sacrifice their ambitions for such children in order to secure their bodily and mental welfare. The prophylaxis of post-traumatic epilepsy requires the prompt and judicious treatment of every head injury. The speaker discussed the prevention of individual seizures. Hydrotherapy is an important aid to treatment. A vigorously active skin means a more perfect elimination of toxins. A tepid bath with an abundance of soap is ordered twice a week; temperature 125° F., and a cold douche of an average temperature of 75° daily, to be followed by vigorous friction. Cerebral galvanization is of value. Large electrodes should be used, and a current strength of from one to three milliamperes, and daily if possible. Two

steps in this cerebral galvanization are, first, the current is passed longitudinally, the positive over the forehead, and the negative over the nucha; and, second, from temple to temple! the seance should be ordered for the great majority of cases. The bromides still hold the first rank in the treatment. They must be used with proper precautions, and bromism avoided. They must be used for a long time. No case can be called cured until the seizures have been stopped for at least five years. Their curative action requires the production of their full physiological action, but not their toxic. He rarely exceeds one dram (4.00) a day, and is of the opinion that one dram and a half (6.00) should not be exceeded in any case. A serious objection on the part of some patients to the use of the bromides is the acne which it produces, a result that depends less upon the dose than upon the idiosyncrasy of the patient. Taking the mixture with a very large amount of alkalized water diminishes the amount of it, as does also the addition of liquor sodii arsenatis in from three to five minims (0.20 to 0.30) to each dose. The arsenic by its alterative and tonic qualities aids the cure. In ordinary cases the iodide of sodium should be given in five grains (0.30) three times a day in the bromide mixture. In the syphilitic cases it should be given in the largest dose that is possible. When the moderate doses of the bromides fail to stop the seizures, he advises a dose of grs. x to grs. xx of chloral at bedtime, often with benefit. Acetanilid is synergistic to the bromides, and when administered in grs. 2 to 5, three times a day, will sometimes be of service. The opium-bromide treatment has not been satisfactory in his hands. Glonoin and the nitrite of sodium are valuable remedies against the petit mal attacks, when given in conjunction with the bromides. The best intestinal antiseptics are salol, salicylate of bismuth and guaiacol carbonate. As to tonics, strychnine, arsenic, the hypophosphites, phosphoric acid and iron are at all times of service. He gives iron, preferably the bromide, in gr. ½ dose, three times a day, whenever the hemoglobinometer indicates it, and then it is of great value. The results that have followed cervical sympathectomy, oophorectomy, ligating the vertebral arteries, and the carotid arteries have not been such as to justify advising them. If epilepsy is essentially a disease of the cell bodies, of cortical neurons, and a proliferation of the neuroglia, then all such operations are unscientific.

The colony system is the highest ideal for the treatment of these unfortunates. The proof of this is overwhelming in results obtained both at home and abroad.

In the discussion, Dr. Maximilian Herzog spoke on the general pathology and special histo-pathology of epilepsy, re-hearsing the various theories and hypotheses that have been advanced relative to this affection.

Dr. Sydney Kuh had tried the withdrawal of salt, which in Dr. Brower's hands had given such good results, and his results were absolutely negative. The same was true of adonis vernalis. He had tried them both in a num-

ber of cases in this way: He had given the bromides when the bromide treatment alone was unsuccessful and added the adonis vernalis to it, and there was not a single case in which the addition of adonis vernalis yielded better results than the bromides alone would have done. He agreed with Dr. Brower as to the combination of opium-bromide treatment. In some cases this combination yielded favorable results for a short time, but whether they were not due to the psychic factor more than anything else was doubtful. For some years he had in every case in which the use of bromide was indicated, employed the bromide of strontium, and after an experience comprising hundreds of cases in which this drug was given, he felt that it has certain advantages over the bromide of sodium, bromide of potassium, bromide of ammonium, or a combination of these three. The bromide of strontium had not the same tendency to produce irritation of the gastro-intestinal tract that all the other salts had, more or less. In cases of neurasthenia, with nervous dyspepsia and loss of appetite, he had frequently seen a pronounced increase of appetite after the administration of small doses of bromide of strontium. It was a good deal less liable to produce acne than other forms of the bromide.

The continued use of large doses of the bromides had a tendency to produce mental impairment. Frequent epileptic seizures almost invariably led to terminal dementia sooner or later. The surgical treatment of epilepsy had been unsatisfactory, and a good many cases were being operated upon that should not be so dealt with.

Dr. Jacob Frank spoke briefly on the surgical aspects of epilepsy. Eleven years ago he presented a series of cases of Jacksonian epilepsy before the Society after operations, and at that time remarked that operations for epilepsy would never become popular, for the reason that if patients recovered from the surgical operations, they would still be unfit to discharge their duties as business men or as men earning livelihoods. If a surgeon undertook an operation for the relief of epilepsy, his duty should not end by merely opening the skull and the dura, but the brain should be explored. He cited a case in which he believed if the surgeon had explored the brain at the time he operated, the patient would have recovered.

Dr. Henry Gradle dwelt upon reflex epilepsy of peripheral origin, and mentioned two or three interesting cases.

Dr. Frederick Leusman narrated the case of a young man, a confirmed masturbator, in whom epilepsy developed, complicated by hemorrhoids. The hemorrhoids were removed, the vena dorsalis penis excised for about an inch on each side, with the result of cessation of the epileptic seizures.

Dr. L. Harrison Mettler emphasized the importance of making, if possible, an early diagnosis. Recently he saw a statement from one of the highest and latest authorities that a diagnosis of epilepsy could not be made upon

the first or a single attack. There was no doubt that in some cases it was impossible to make an early diagnosis of epilepsy, for the reason that it so closely simulated in some respects hysteria, uremic convulsions and other manifestations. In making an early diagnosis of epilepsy, physicians should be extremely careful about expressing their opinions to the relatives of patients until a more positive history could be had preceeding the first attack.

Dr. Julius Grinker alluded to the prevention of marriages among epileptics. Although it was not known that epilepsy is transmitted directly from father to offspring, yet investigations have shown that hysteria, insanity, and other mental defects were found in idiopathic epileptics. Is it not possible that an epileptic might produce another epileptic? Epileptics who have married have become much worse as a result of their marital relations. A woman, whom he treated some years ago with the bromides for epilepsy, and who was able to stave off the attacks for months, got married, shortly after which the attacks returned three times a week. She finally consulted him as to whether or not marriage was to blame for the recurrence of the seizures, and he replied in the affirmative. In two cases he had substituted borax for the bromides with beneficial results. Inasmuch as most epileptics are benefited by bromides, the cases in which he had an opportunity to try the opium and borax treatment were naturally few, and this explained in a measure why Dr. Bower had only tried this treatment in a few cases with unsatisfactory results. He would suggest that it be not entirely condemned in the treatment of a disease like epilepsy in which so little can be accomplished with any kind of treatment.

The Adams County Medical Society convened in regular session, President Johnston in the chair. The minutes of the April meeting were read and approved. The application for membership of Dr. Grant Irwin of this city was read and referred to board of censors. After favorable reports by the board of censors on the applications of Dr. Susan B. Jarrett of class 1900, Michigan University, and Dr. L. B. Ashton of class 1900, University of Toronto, they were duly elected to membership. It being the annual meeting of the society the order of election of officers was taken up, and the following elected: President, Dr. D. M. Landon, Quincy; 1st vice president, Dr. W. W. Williams, Quincy; 2d vice president, Dr. D. M. Knapp, Mendon; secretary, Dr. Henry Hart, Quincy; treasurer, Dr. L. H. A. Nickerson. Board of censors, Dr. W. E. Gilliland, Coatsburg; Dr. R. J. Christie, Jr., Quincy; Dr. Jos. Robbins, Quincy.

The secretary reported twelve meetings in the year past, with an average attendance of twelve and seven-twelfths. Papers read and clinical reports, twenty-seven. Members taking part in discussions, one hundred and thirty-five. No report by secretary of receipts and expenditures was submitted. On account of dues being paid at this meeting, and on suggestion of

Dr. Robbins, this report was excused, since report of each meeting shows receipts and expenditures.

Treasurer's report: On hand May meeting, 1900, \$22.79; received during the year, \$33.15; total, \$55.94. Paid out on vouchers, \$21.05; balance on hand, \$34.89.

Retiring President Johnston thanks the secretary for courtesies during the past year, hopes the society will continue to prosper and its members be still more active in society work, and promised individual efforts in that direction. Drs. Williams, Hart, Nickerson and Christie thank the society for honors conferred by election. Under the order of essays, reports, etc., Dr. John A. Koch exhibited to the members of the society a head of the *taeniae saginata* under the microscope, and Dr. J. D. Justice, in an address, plead for the more general use of the microscope in diagnosis. The views of the doctor were discussed briefly by Drs. Christie and Koch. Drs. Beirne and Center, after being called upon, made some remarks along the line of preliminary work done in regard to procuring the 1902 meeting of the State Society. Members present: Drs. Justice, Christie, Jr., Nickerson, Beirne, Robbins, Koch, Riticker, Vase, Rice, Fletcher, Williams, Gilliland, Baker, Lewis, Center, Johnston and Hart. Visitor present: Henry Rooney. Receipts, \$20. Expenditures for expenses of Quincy headquarters at Peoria, \$15. The monthly clinic was held at St. Mary's hospital in the morning, under the direction of Drs. Johnston and Koch. Number of members present, fourteen. The society then adjourned.

Henry Hary, Secretary.

The Jo Daviess County Medical Society held its first anniversary meeting at Elizabeth April 25th. Dr. Henry T. Godfrey of Galena was elected president; Dr. G. E. Miller, of Hanover, vice president; Dr. Homer G. Smith, of Elizabeth, secretary, and Dr. T. J. Stafford, of Galena, treasurer. Delegates to the American Medical Association were also appointed. The society was entertained at a banquet by Drs. William Hutton and Homer F. Smith, Elizabeth.

The Brainerd District Medical Society held its twenty-fourth annual meeting at Lincoln April 25th. An interesting program was discussed. The following officers were elected: Dr. John R. Barnett, of Lincoln, president; Dr. W. P. Walker, of Mason City, vice-president; Dr. Katherine Miller, of Lincoln, secretary, and Dr. Charles C. Reed, of Lincoln, treasurer. The society will hold its next meeting in Springfield in July.

The Chicago Academy of Medicine met May 24, 1901, and inaugurated the following directors for 1901-2: Drs. W. L. Baum, C. S. Hallberg, J. G. Kiernan, H. N. Moyer and E. S. Talbot. The secretary of the directors (ex-officio secretary-treasurer of the academy), reported that ten meetings had been held during the academy year and that thirty-four scientific contributions had been read. Addresses were delivered

by Drs. Cuthbertson, Byford, Hallberg and Kiernan. Dr. W. H. Rumpf read a poem on the Academy. At this meeting Dr. H. T. Byford was elected chairman. The directors of the Academy are elected for one year. A chairman is elected at each meeting. The active fellowship is limited to fifty, the associate fellowship to fifty, the honorary fellowship to twenty-five, and the membership to one hundred.

J. G. Kiernan, Secretary.

Just as we are going to press we learn that Dr. W. S. Caldwell of Freeport, a life member of the Illinois State Medical Society, has been stricken with apoplexy, with little prospect of recovery. Dr. Caldwell had traveled extensively and written entertainingly of his travels and observations of medical men and methods in different parts of the world. He prepared an excellent paper for the Peoria meeting, which will appear later in this Journal.

Marie J. Mergler, M. D., of Chicago, for many years a member of the Illinois State Medical Society, died from pernicious anemia in Los Angeles, California, May 8, aged 50 years. Dr. Mergler was for many years connected with the Woman's Medical College and was the first woman to pass the examination for interne to the Cook County Hospital.

Marriages, Deaths, Change of Address

MARRIAGES.

Harry H. Rittenhouse, M. D., Chicago, to Miss Lilia Y. Wood, of Cairo, Ill., April 30.
William A. Britten, M. D., Auburn, Ill., to Miss Anna Painter, formerly of Streator, Ill., April 9.
George E. Shambaugh, M. D., Chicago, to Miss Edith Capps, of Jacksonville, Ill., May 1.

DEATHS.

(Furnished by the State Board of Health.)
Centaro, Vincent, in Chicago, April 15th.
Day, William H., in Kewanee, May 4th.
Dale, George, in Chicago, April 24th.
Hiatt, Alfred H., in Chicago, April 27th.
Kernahan, George, in Chicago, April 17th.
Kenegy, C. H., in Scales Mound, April 21st.
Mergler, Marie J., in Los Angeles, Cal., May 18th.
Mitchell, Orlando, in Marshall, April 3d.
McKinley, J. A., in El Paso, Texas, March 8th.
Roseberry, James A., in Forrest, March 24th.
Snyder, Geo. W., in Capitan, N. M.
Sommer, Morgens A., in Denmark.
Tull, Edward E., in Chicago.
Treat, Charles R., in Sharon, Wis., May 8th.
Phoren, John T., in Chicago, April 29th.
Welch, Wm. W., in Quincy, April 29th.

CHANGES OF ADDRESS.

(Furnished by the State Board of Health.)
CHANGES IN CHICAGO.
Adams, Charles, 69 State st. to 100 State st.

Beehler, Louis L., cor. 24th st. and Indiana ave. to 100 State st.
 Bluthardt, T. J., 109 Randolph st. to 643 N. Clark st.
 Bouffleur, A. I., 177 Dearborn st. to 34 Washington st.
 Burdick, Alfred S., 1651 Melrose st. to 358 Dearborn st.
 Burdick, Gordon G., 65 Randolph st. to 3000 Michigan ave.
 Engelman, Rosa, 3035 Indiana ave. to 100 State st.
 Handshaw, Anna M., 518 W. Madison st. to 91 Ashland blvd.
 Newman, H. P., 103 State st. to 438 LaSalle ave.
 Owens, Jno. E., 1806 Michigan ave. to 34 Washington st.
 Richards, G. E., 69 State st. to 100 State st.
 Robinson, Andrew, 231 Dearborn ave. to 239 Dearborn ave.
 Van Benschoten, Wm. C., 3442 Greenwood ave. to cor. Monroe ave. and 63d st.
 Wilson, Wm. L., 5501 Monroe st. to 5654 Monroe st.

CHANGES FROM CHICAGO.

Crowe, Ernest O., to Quincy.
 Laben, Geo. J., to Moro.
 Marshall, John S., to Washington, D. C.
 McClure, Chas. F., to LaGrange.
 Thorpe, Alonzo M., to Granite, Okla.

CHANGES TO CHICAGO.

Gocld, B. R., Nora to 74 Fullerton ave.
 Hecht, D'ORSay, to 4300 Drexel blvd.
 Hislop, Margaret, to 223 E. 42d st.
 Lanoix, Frederick W., Mendon to 48 Sherman st.

CHANGES FROM ILLINOIS.

Allen, J. Edwin, Gibson City to ———
 Allen, Henry C., Tuscola to ———
 Bower, Ernest C., Morris to ———
 Brown, M. F., Rozetta to ———
 Baird, A. Q., Louisville to Shelyville, Ind.
 Bush, F. W., Cooperstown to ———
 Brown, Edwin, Dwight to ———
 Byers, Arthur H., Burton to ———
 Cone, Marcus L., Leamington to Missouri.
 Cowen, Henry M., Mt. Sterling to Toronto, Canada.
 Cowen, Young, Mt. Sterling to Toronto, Canada.
 Church, Miriam L., Quincy to ———
 Ditzler, R. H., Xenia to ———
 Darling, Abel L., Forrest to ———
 Dill, John W., Paloma to ———
 Fitzpatrick, Walter, Dwight to Europe.
 Goulding, Frank J., Pleasant Vallaey to ———
 Hart, Allen B., Roberts to Davenport, Iowa.
 Hambleton, T. C., Xenia to ———
 Hollen, Franklin, Riffle to ———
 Hendricks, B. F., Mt. Sterling to ———
 Hamilton, Frederic C., Cullom to ———
 Kinman, John S., Fairweather to ———
 Lovelady, Otis E., Apple River to ———
 Morris, Madison B., Xenia to ———
 Mitchell, James M., Pontiac to Milwaukee, Wis.
 Otsuki, Osamu, Quincy to ———

Rose, Wm. J., Grantsburg to ———
 Rice, Elmer E., Apple River to Hot Springs, S. D.
 Reiffert, Marion F., Fowler to ———
 Roe, Geo. L., Clayton to Beatrice, Neb.
 Sisakian, A. H., Mazon to Niobrara, Neb.
 Stevens, Daniel, Ancona to ———
 Tate, S. A., Stronghurst to ———
 Turner, Robert B., Marceline to Canton, Mo.
 Vint, Wm. D., Hindsboro to Virginia.
 Wilson, B. F., Cairo to Arkansas.
 Whitlock, G. E., Columbus to McPherson, Kan.
 Zillikan, Paul N., Shawneetown to ———
 Zimmerman, Charles, Quincy to St. Louis, Mo.
 Zimmerman, C. A. W., Quincy to St. Louis, Mo.
 Griffith, John C., Quincy to ———

CHANGES TO ILLINOIS.

Davis, Homer W., St. Louis, Mo., to Alton.
 Gilbert, Geo. A., to Adams.
 Jones, T. Alfred, to Inman.
 Oren, S. Leo, Iowa to Crystal Lake.
 Skinner, W. S., to Forrest.
 Young, Warren H., to Quincy.

CHANGES IN ILLINOIS.

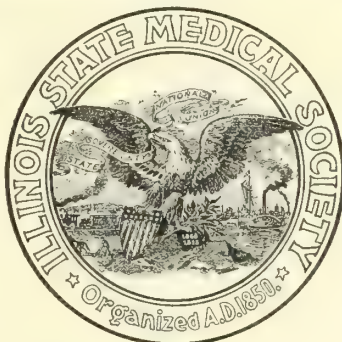
Allison, Chas. D., Clarke City to S. Wilmington.
 Akins, James S., Mendon to Bardolph.
 Bartley, John M., Shawneetown to Ridgway.
 Bluit, Lyman B., Quincy to East St. Louis.
 Brewer, Emerson M., Bloomington to Rantoul.
 Byrns, G. A., Mt. Sterling to Quincy.
 Bergman, Nils, Dwight to Joliet.
 Brown, M. M., La Prairie to Golden.
 Coss, Osman A., Gibson City to Saunemin.
 Colyer, J. R., Tuscola to Garrett.
 Collins, Harry O., Fowler to Paloma.
 Crocker, Julius F., Payson to Quincy.
 Drake, Holly T., New Burnside to Belknap.
 Davidson, Warren C., Mt. Sterling to Wauconda.
 Davidson, T. A., Kellerville to Siloam.
 Fowler, Charles A., Galena to Malta.
 Fitzpatrick, E. H., Odell to Pontiac.
 Groves, Wm. D., Marcelline to Ursa.
 Hart, Samuel F., Ozark to Carriers Mills.
 Hurst, Thomas J., Raymond to Goreville.
 Hatch, W. Grant, Quincy to Prairie City.
 Hedrick, Edward W., Golden to Loraine.
 Kerley, Thomas B., Glendale to Simpson.
 Landon, W. M., Quincy to Fowler.
 Mangum, Wm. R., Vienna to Euncombe.
 McCormick, Olin, Gibson City to Herscher.
 McGinnis, Philip D., Odell to Joliet.
 Niswonger, Cerilda, Monticello to Pontiac.
 Noakes, F. V., Camp Point to La Prairie.
 Presler, Hiram N., Fairbury to Cullom.
 Rose, P. W., Grantsburg to Simpson.
 Rigg, J. J., Canmp Point to Burton.
 Trigg, Chas. B., Unionville to Simpson.
 Vaughn, Robert F., Flora to Sailor Springs.
 Whitacre, Hiram N., Creel Springs to Goreville.
 Whiteaker, Wm. J., Goreville to Olmstead.
 Whitnel, Jno. L., Ozark to Thompsonville.
 Williams, Perry O., Galatia to Belknap.
 Westbrook, C. P., Junction to Raleigh.

RETIRED FROM PRACTICE.

Gates, Wm. F., of Chicago.

ILLINOIS Medical Journal

The Official Organ
of the
State Medical Society



A Monthly Bulletin
Edited by the
Publication Committee

Printed by
THE ILLINOIS STATE JOURNAL COMPANY.

Entered in the Springfield Postoffice as Second-Class Matter.

Volume LI.
New Series, Vol. III. {
Number 2.

Springfield, Ill., July, 1901.

{ Subscription, \$3 a Year.
Single Copies, 25 Cents.

A New Law Regulating the Practice of Medicine is Imperative.
See Recent Decision of the Supreme Court Page 84.

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NEXT ANNUAL MEETING WILL BE HELD IN QUINCY,
MAY 20, 21, 22, 1902.

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The Illinois Medical Journal.

The Official Organ of The Illinois State Medical Society.

VOL. LI.
New Series, Vol. III. }
No. 2.

Springfield, Ill., July, 1901.

{ SUBSCRIPTION
\$3.00 A YEAR.

VAGARIES IN THERAPEUTICS, OR THE CONTENTS OF MY WASTE BASKET AT THE END OF SIX MONTHS.*

BY W. S. CALDWELL, M. D. FREEPORT.

Like everything else, medicine, at the dawn of a new century, prides herself upon having taken a new departure. The preparatory education of the aspirant for medical honors has been raised and the term of study required has been doubled within the last two decades.

In fact, everywhere we read the sign that better men are wanted, and that these men must be better qualified. Anatomy, chemistry, bacteriology and all that goes to make up the elements of our profession, must be better learned than in times gone by. At the very threshold of our inquiry we ask ourselves why all this change has been wrought within the curriculum of medicine.

There can be but one answer, and that is, that the better the education a man has before he studies medicine, and the more thoroughly he is grounded in his profession, the better is he qualified to treat the sick. In other words all our medical lore has but one ultimate object, which is, to cure the disease from which the sick man is suffering, or alleviate his symptoms if the disease cannot be cured.

Not only is the intelligent practitioner better qualified to treat the sick by the administration of drugs, but he appreciates most thoroughly the value of other agents that are used therapeutically, and which do not belong to the domain of medicine, considered in its widest sense. This intelligent man has learned the secret of homeopathy which means, to give your patient nothing, and depend upon the *vis*

medicatrix naturae to heal his patient, knowing that the remedies by this school of medicine, if really homeopathic, play no role in the cure of disease.

He looks over the vaunted treatment of the Christian Scientist under Mrs. Eddy, the prayer cure of Alexander Dowie, the cures of the osteopaths, understanding them all, and using them all when he encounters a case to which their vaunted therapeutics are applicable.

As I said in the outset in this paper that while in nearly every department of science it is the fashion to extol the progress that is made, we must acknowledge that in the treatment of disease this progress has not kept pace with other branches of science.

Another feature of this question that must have a tendency to humiliate us, at least in our own eyes, is the fact, that the higher you ascend the scale in medical lore, the less faith you have in the agents at your command for the treatment of the sick. To post yourself on the most modern literature of medical science, you search the latest books, and are astonished to find that while these books teem with the latest information upon the pathology of the disease that you are interested in, when you come to its treatment, little is said and that little is of the most unsatisfactory character.

The writer of this paper has had a large experience in interviewing men, inhabiting all points of the compass, and possessing the most varied accomplishments in our art, from the doctor who practices at some four corners in the country, to the most celebrated men who occupy the most exalted positions as professors in medical colleges, situated all over the world.

These men are as varied in natural attainments as in acquired information, yet they all agree in one common attribute, and that is that the lower you descend in the scale, the more faith the man has in

* Read by Title at the Fifty-first Annual Meeting, Peoria, May 22, 1901.

the remedies at his disposal for the treatment of the sick.

In fact, you might say it is an attribute of the gigantic minds of our profession the world over, that their faith in the use of drugs is generally at a very low ebb. The late Prof. Bamberger of Vienna, Frierichs of Berlin, Reese of Guy's Hospital and Flint of our own country, are examples of great physicians who had little faith in the remedies they used to heal the sick.

That greatest physician and clinician of modern times, Prof. Nothnagel of Vienna, told us lately that when he began to practice medicine nearly half a century ago, he armed himself with nearly all the remedies in the *materia medica* and tried to learn their action upon the human organism both in health and disease.

After a practice of nearly fifty years, he had now reduced his remedies, in the main, to those he could count on the fingers of two hands, and that it is very seldom that he goes out of his field to search for remedies that he uses in the treatment of the sick. He says that when you are called to treat a patient, make a thorough and correct diagnosis, this being done never ask yourself first what shall you give this patient, but always precede it by the inquiry, shall you give him anything.

While I would inculcate in this paper that the therapeutics of great minds is a simple one, it is nevertheless based upon rational ideas, and that they understand, and that thoroughly, the action of the medicines that they administer both in health and disease.

In a late residence in the Allgemeines Krankenhaus in Vienna, the Necker at Paris, and the Charite at Berlin, I found myself ever on the *qui vive* looking for new remedies to apply in the treatment of the sick.

My enthusiasm was often sorely put to task to find that it was in the proper application of the old remedies that marked the difference between the therapeutics of the man the highest in the profession, and the one the lowest in the ranks. At the Allgemeines Krankenhaus in Vienna I learned that morphine and chloral both

had a valuable place in the treatment of certain forms of pneumonia, and that this disease could never be properly treated while ignoring these agents.

At Berlin I learned that the tincture of the chloride of iron in the treatment of erysipelas was worse than useless and that as a local application simple alcohol in some form was the best agent at our command. From these men I learned that pneumonia and typhoid fever are two diseases for which we have no specific remedies, and that each has to be treated according to the peculiarities of each case.

That puerperal septicemia is a disease usually of a mixed infection, and for the treatment of which we have no sovereign remedy, that the proto-nucleins are of no use, and that the anti-streptococcus serum is generally equally worthless, and usually deleterious in its action.

A point that I wish to emphasize in this paper is, that the great minds in our profession use but few remedies, but must know that these remedies are well prepared and of a standard strength, and that they never use any agents the exact composition, and mode of preparation, they are not entirely familiar with.

By the hordes of agents who travel over the country and exploit their pharmaceutical preparations, I am well known and greatly disliked, and when I tell them that not a single first-class man in any of the large cities prescribe their remedies, they reluctantly admit the truth of my assertion. Time and again I am called in consultation, to find my fellow practitioner administering remedies that I never handle, and the exact composition of which I do not know. Among physicians who run after strange gods, and straddle every new hobby that is brought to our attention, the conservative physician, who places his reliance on therapeutical agents only after they have stood the test of experience, is called an agnostic, or a nihilist in medicine.

To this class they assign all the leading minds who practice medicine today. Nihilists, though it may be the fashion to term us, you cannot find an intelligent practitioner today, who does not use the

diphtheritic anti-toxin in diphtheria, the iodide of potassium in syphilis, or quinia in some form, to combat the different types of malaria.

When I look around me and see the large number of irregular pathies that thrive upon the credulity of the community, I often ask myself whether one reason of their success is not the fact that the regular profession in medicine make claims for the healing of the sick which facts do not in any way justify.

Coming now to the contents of my waste basket for the last six months I find that it contains 75 brochures and medical periodicals, that are evidently issued for the purpose of exploiting the virtues of therapeutical agents, the exact contents and preparation of which are kept a secret from the regular medical profession. Of these about five are medical periodicals, published monthly, that are used to exploit the virtues of preparations to which, I am sure, the best members of the profession are strangers.

The authors of many of these articles contained in these magazines are dubbed "professors" of some branch of medicine belonging to some medical schools, to whom the ordinary practitioner is an entire stranger.

Strange as it may seem a majority of these brochures and medical periodicals are published in one city that seems to have an unenviable reputation of being the birthplace of articles in medicine, the exact contents, and preparation of which are kept secret from the regular profession of medicine. One of these periodicals published once a month claims to have the largest circulation of any medical monthly published in the world. Its claims may perhaps be well founded, for though it has made its appearance upon my table regularly every month, I have never paid a single cent, either as subscription or postage to the same, during the many years I have received it.

Looking over its contents I find its pages filled with encomiums upon medicines, the virtues of which are unknown to me, and the men who write the articles are gener-

ally obscure individuals, who practice at some four corners, and whose names one would never see in print were they not engaged in exploiting the virtues of some therapeutical agent that is issued only by a certain house, and the exact preparation or contents of which are kept a profound secret.

That these pamphlets and periodicals represent remedies that are widely used, one has only to reflect that many of the houses that exploit these remedies represent their assets by the millions of dollars, and are among the wealthy institutions of the land. When a man who has practiced medicine for nearly half a century and considers what he has still to learn of the efficiency of agents that are recognized as official in the United States pharmacopea, then he is certainly inclined to look upon these new remedies as not only superfluous, but belonging to a class that he does not recognize as within the pale of his investigation.

WHAT ARE THE MOST EFFICIENT REMEDIES FOR SHOCK, SYNCOPE, OR TEMPORARY EXHAUSTION? AND HOW SHOULD THEY BE USED?*

BY N. S. DAVIS, M. D., CHICAGO.

The conditions designated in medical literature as shock, syncope and sudden exhaustion are characterized by extreme feebleness of both respiration and circulation of blood; general relaxation of the muscles with paleness or blueness of the surface, and partial or complete loss of consciousness. They are generally caused by some strongly depressing influence, suddenly exerted either upon the body or mind, or upon both simultaneously.

Cases are met with presenting all grades of severity from simple paleness, feebleness of pulse, and general weakness, to complete unconsciousness and temporary suspension of both respiration and circulation. All the vital functions of diges-

* Read at the Fifty-first Annual Meeting of the Illinois State Medical Society, Peoria, May 21, 1901.

tion, assimilation, secretion and of metabolism are impaired in proportion to the severity of the shock or syncope. If such are the actual pathological conditions constituting shock and syncope or exhaustion, the essential objects to be accomplished by treatment are plainly to restore a more efficient activity of respiration and circulation and more cerebral and nerve sensibility; for with the restoration of these, improvement of all the other functions will follow in natural order. But what are the remedies by which the respiration, circulation and nerve sensibility can be improved, and how are they to be used?

To answer these questions correctly we must keep in mind the physiological fact that all nerve sensibility, cardiac, vaso-motor, and respiratory forces, are maintained by the presence of free oxygen in arterial blood, i. e., blood constantly receiving oxygen and parting with its effete carbon through the lungs. Therefore, to increase the depth and efficiency of respiration is the first and most important object to be accomplished in all cases of profound shock or syncope. Secure for the patient perfect access to fresh air, and arouse the respiratory nerve centre to greater activity by sudden sprinkling or dashing of cold water on the face and upper part of the chest, followed by wet compresses over the cardiac and dorsal regions made alternately hot and cold, while the feet and legs are wrapt in dry warm flannel, and the patient kept in a horizontal position.

When the nerve sensibility and respiration have been sufficiently established to enable the patient to swallow without danger of strangling, give first a few spoonfuls of cold water, then a cup of plain meat broth, salted, but without pepper. If it is found difficult for the patient to take it by the mouth, from half a pint to a pint of the same may be used as an enema in the rectum; or the normal salt solution may be used instead. As early as practicable moderate doses of strychnine or digitalis or both may be given as more permanent vaso-motor and respiratory tonics.

In the progress of recovery, if the patient becomes unduly restless, suitable doses of valerian or asafetida will generally allay it. Opiates and anaesthetics should be avoided because they all diminish the respiratory process and renew the tendency to exhaustion after their first quieting influence has passed. The foregoing method of treating cases of shock, syncope, and sudden exhaustion has been successfully practised by me during the last fifty years. It is founded on a strictly physiological basis. Between the cutaneous nerves and the respiratory, cardiac, and vaso-motor nerve centres there is the most acute reflex activity. It is the impression of the air upon the cutaneous surface of the new born baby that prompts his first lung inflation and thereby permits the ingress of the air and the complete establishment of the pulmonary circulation.

And subsequently when the nurse commences to apply water for cleansing the surface, he again not only takes a deeper breath, but cries out with a voice of displeasure. And all through life there remains the most active reflex relations between the cutaneous surface and the involuntary nerve centres in the medulla oblongata. Again all natural muscular activity whether voluntary or involuntary, is directly dependent upon the presence of arterial blood, that can be furnished only by continued pulmonary activity.

Therefore, the most efficient mode of increasing the systolic force of the heart and the tone of the arterioles, is to increase the efficiency of respiration by which the blood is both oxygenated and decarbonized, and its circulation facilitated.

Next to the judicious external application of water for increasing the efficiency of respiration, is the increase of the saline elements of the blood by injections of the normal salt solution, and when the patient can swallow well, the giving of moderate doses of beef-tea, salted, as much as the patient will relish. By thus introducing more sodium chloride into the blood we increase very much the activity of the taking up of oxygen from the air-cells of the lungs and its distribution to the involun-

tary nerve centres and all other structures, as was demonstrated many years since by M. Bernard and more recently by the use of injections of normal salt solution in the depressed stage of severe infectious fevers.

In a very large majority of the cases of only partial syncope or sudden prostration the only treatment immediately required is rest in a recumbent position, plenty of fresh air, and a little cool water both for bathing and to drink.

Not one out of ten of all such cases require the use of any medicine to recover them from the temporary prostration, and when they are recovered from that, any further treatment must depend entirely upon the general condition of the patient in each individual case. And yet, almost every person in the community, and a large proportion of medical men, call for some supposed stimulant and persist in endeavoring to induce the patients to swallow it until by partial recovery they are enabled to do so. And then they congratulate themselves and all their friends on having succeeded in restoring the patients solely by the use of their favorite stimulant, never recognizing the fact that whenever persons in syncope or fainting can swallow well they are already so far on the road to recovery that they would have completed it just as quick without the stimulant as with it. If the so-called stimulants, very generally resorted to in these cases, were as incapable of doing harm as the fresh air and water that I have advised, there would be far less objection to their use. Unfortunately, however, they are for the most part drugs capable of doing an endless amount of mischief. With the vast majority of the people, the stimulant most imperiously called for is alcohol in the form of wine, whisky or brandy; and the same article is generally the first to be named in most of our medical works. Thus the author of one of our most recent standard works sums up the treatment of shock and syncope by recommending "the application of heat, stimulants (alcohol, ammonia, ether, strychnine and digitalis) in moderation." In much the larger number of the many works on practice of medicine,

we are advised to give stimulants not only in cases of shock or syncope, but also whenever in the progress of infectious fevers, the pulse or heart beat becomes weak. And whenever the stimulants are named it is generally in a group the same as quoted above. The alcohol, ether, strychnine, digitalis, etc., are thus directed at the same time and for the same patient as though they were all actually cardiac, vaso-motor and respiratory restoratives or tonics, and to be given co-incidentally or alternatively to the same patients. But do alcohol and ether act on the human system in the same direction as strychnine and digitalis and thereby co-operate with the latter? Or do they affect the same structures and functions in exactly the opposite direction and thereby antagonize each other? All original investigators and authoritative writers on *Materia Medica* and *Therapeutics* agree that all four remedies exert their most prominent influence on the cerebro-spinal nerve structures, including the centres of respiration and circulation. But while the strychnine and digitalis increase the cerebro-spinal activity and promote respiratory, cardiac and vaso-motor efficiency, they all equally agree that the alcohol and ether directly diminish cerebro-spinal sensibility and action, including the centres of respiration and circulation, thereby causing relaxation of the peripheral capillaries and arterioles, less depth of respiration and less systolic force of the heart. Pushed to full or toxic doses the strychnine so strongly excites the nerve centres as to produce rigid muscular contraction with acute sensibility, while large doses of alcohol relaxes every voluntary muscle in the body, enfeebles both respiration and circulation and renders the patient insensible. It would be difficult to find two remedies in the *Materia Medica* more directly antagonistic in their effects on the living body than alcohol and strychnine. Yet they are both persistently called stimulants and both, not only given in cases of shock and syncope, but also in a large majority of cases of typhoid fever, diphtheria, pneumonia, etc. A practice as illogical and inconsistent as it is injuri-

ous to the patients. The only semblance of stimulating effect that follows an ordinary dose of alcoholic liquor is in the increased frequency of pulse, more talkativeness and less consciousness of the body weight or resistance, all of which results from the diminished sensibility and action of the cardiac and cerebral inhibitor nerve structures and also diminished sensibility of the nerves of ordinary sensation.

By diminishing the sensibility of the vagus and vaso-motor nerves, the heart is allowed to beat faster, and the same diminished sensibility of the mental inhibitor cells of the brain, lessens the mental restraint or sense of propriety, and the diminished sensibility generally makes the individual taking the alcohol think he could talk faster and do more work when he is actually doing less.

Therefore the very phenomena that have caused both the patient and the people generally to call alcohol a stimulant, are simply a part of its general anaesthetic or paralyzing influence. To give it when the patient is already prostrated by weakness of the cardiac and respiratory functions, as in shock or syncope, is to positively retard his full recovery. But as in 49 cases out of every 50, the syncope is a mere temporary condition, the patient soon recovers in spite of the anaesthetic effect of a few spoonfuls of the alcoholic drink, and then all parties are ready to attribute the result to the alcohol, in exact obedience to the old Latin maxim, "*Post hoc propter hoc.*" If the evil effects of this persistent designation of alcohol, as a stimulant or heart tonic, were limited to its use in cases of temporary syncope, it might not justify me in occupying your time with it. But the continued calling it a stimulant by the profession, and the giving it in such emergencies, is just what induces thousands of families to keep a little of some kind of alcoholic liquor in the house that it may be ready for use if they get cold or wet or too much fatigued. The same false name often causes the police of our cities to give it freely to parties injured by accidents or suddenly prostrated in the streets.

If the profession everywhere would uniformly call alcoholic liquors by their true names, anaesthetics or paralyzers, and only use them as such, it would soon put an effectual check to one of the greatest evils that afflict the human race at the present time.

HEMORRHAGE AFTER OPERATIONS FOR PILES.

BY EDMUND ANDREWS, M. D., CHICAGO.
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University, Chicago.

This accident is rather rare, but when it occurs it is terrifying to the young practitioner.

The rarity of the cases renders it a difficult topic of investigation. It is not easy to find any one surgeon who has personally seen more than two or three of them, and then they naturally shrink from publishing their experience. The result is a great want of facts and an impossibility of giving the subject such a full and statistical study such as is desirable. However I have for many years gathered up such accounts of cases as I could collect from authentic sources, and the study of them is instructive.

The cases of hemorrhage thus collected are sixty-one in number, of which eight were fatal.

The bleeding followed the following operations:

Removal by the ecraseur.....	1 case
Simple incision of the piles.....	1 "
Modified Whitehead's circular excision, called "American Operation"	2 "
Ligature.....	10 "
Clamp and cautery.....	23 "
Coagulating hypodermic injections in the hands of itinerants.....	14 "
Operations unknown.....	10 "

Total.....61 cases

It is impossible to compare the relative risk of the operations because I have no means of knowing the total number of cases

treated by each method, but it would seem that in spite of the confident assertions of various writers no one operation is free from all chance of hemorrhage. However well the operation may be performed, the subsequent bad conduct of the patient, or the presence of haemophilia or sepsis in the system may determine hemorrhages. In the war of the rebellion I noticed that the septic diathesis induced by crowding too many wounded men into hospitals or steamboats, created a strong tendency to secondary hemorrhages in various parts of the body. Systematic antisepsis was then unknown and infected arteries did not close well after tying. I tied one femoral artery three times on an overcrowded hospital steamer. Things are better now, but still perfect asepsis is not attainable in the rectum, and many other conditions, such as excessive tendency to straining, etc., may supervene and cause the blood to break loose in spite of tampons as applied by average operators.

Taking the operations above listed I found the following facts:

The ecraseur: Many years ago the influence of the French surgeons introduced the ecraseur as a weapon in many kinds of surgical work, with the belief that it would effectually prevent hemorrhage. Time proved its unreliability, and although I only know of one case with hemorrhage after its use on piles, it soon ceased to be employed.

Whitehead's operation: Two cases to my knowledge bled, but I do not know the details.

Ligature: One patient soon after his operation insisted on getting into the saddle and galloping off on a hunting expedition. He brought on a violent hemorrhage.

Another case was operated on by ligature in a distant town. He was placed in bed, and not watched, in fact was simply neglected. I do not know whether the operation itself was well done. The case was fatal.

In a third case of ligature a very good surgeon pulled off a ligature on the tenth

day. Hemorrhage ensued, but he promptly arrested it.

The clamp and cautery: In this operation care and correctness on the part of the surgeon makes a great difference. In eight of the twenty-three cases hemorrhages commenced at once on removing the clamps, when the traction of the tissues pulled the eschar asunder. This can usually be prevented by cauterizing the whole pile without snipping it. However the eschar is always fragile and is liable to be torn open. Surgeons at the present time usually finish the operation with a tampon with a tube in it to give exit to the gases. The tubes formerly used were too small, and became blocked with feces. At present the custom is after the cautery to take a large tube about three-quarters of an inch in diameter and about $4\frac{1}{2}$ inches long. Around this is a much larger jacket of rubber or a sheet of lubricated cotton cloth tied around the upper end of the tube. This is inserted deep into the rectum and the stuffing tamponned in between the sheath and the tube, making the pressure on the deeper part of the rectum firmer than on the outer part at the anus, so that in any event blood cannot flow backward into the colon. Some make the tube of a rather firm kind of flexible rubber, but others use glass tubes. If glass is used it is best to slip a firm rubber tube over it to guard against wounds in case of fracture of the glass.

Difficulties, however, sometimes occur. Part of the patients are nervous and very restless under the tension of the tampon and may become unmanageable before anodynes can control their excitability. One man lost his self-control and violently jerked the tampon out, thus starting a severe hemorrhage.

One case of clamp and cautery operation had severe secondary hemorrhage on the eighth day, probably from separation of the slough. The tampons are used to prevent hemorrhage for two or three days and then removed. They cannot be properly kept in to prevent late secondary bleeding liable to occur from the fourth to

the eighth day, so that they are not an absolutely complete bar to loss of blood.

Coagulant hypodermic injections: It was with surprise that I found fourteen cases of severe hemorrhage of patients operated on by the plan of the itinerants of hypodermic injections of carbolic acid and other chemicals. One would not expect hemorrhage from the prick of a hypodermic needle.

One of these patients was operated on at an office where he bled freely in spite of the quack's efforts to arrest it. However the flow was finally arrested, and the patient was taken home in great pain and sent for his excellent family physician. The latter examined and found a rent in the sac of a soft pile, and a piece of a vial cork inserted to plug it. It is the custom of these itinerants to advertise that patients can continue their usual business and exercises. A business man had his piles injected, and was told he might go at once on a railway trip. He accordingly took a train and in a few hours broke out with violent bleeding. He fancied that he "lost several gallons of blood." Afterwards he came under my care. A slough had formed on one side of the rectum, which on separating left a cavity about an inch and a half in diameter, and required many weeks to heal.

There are several ways in which these hypodermic injections may cause hemorrhage. First, the quack may clumsily tear the walls of a thin pile by a side sweep of his needle, or again when the first sharp pain of the strong coagulant is felt the sphincter may grip firmly above the coagulum while the patient strains violently down bursting the thin pile, expelling the clot and letting the blood escape unrestrained, since the upper hemorrhoidal veins have no valves.

As many of these cases have sloughing of the parts, the separation of the eschar may open vessels several days after an injection. Finally cases of haemophilia or of septic infection may bleed, just as in operations of any other region. One case of haemophilia was reported to me where about fifty small bleeding points had to

be tied before the hemorrhage could be arrested.

On the whole, the gushing claims of various surgeons that their favorite methods properly executed will never be followed by hemorrhage are plainly incorrect. It is true, however, that good methods and unremitting care will almost always avoid this accident, yet the world's most eminent operators occasionally meet it. On the other hand, an ignorant man can induce bleeding even with a hypodermic syringe.

Hemorrhage after operations on piles would alarm and perplex nobody if it were external, but the bleeding being internal is at first unobserved. By and by the colon is full of blood, and the patient expels a great mass of clots. There being then a cessation of external bleeding, he supposes the trouble to be over, until another colon full is thrown out. An ordinary but well educated physician if called in is perplexed. He often has no idea how far in the bleeding point lies, and has no faith that he can find it if he tries. The fact is internal piles rarely extend more than an inch above the verge of the anus. With the fingers, tenacula or volsella forceps the gut can be rolled out and the bleeding point found, seized and ligated, but the patient will often need an anaesthetic. If this be not feasible a tampon will almost invariably succeed. If the tampon is a temporary one made without a tube, the upper part should be stuffed out much larger than the lower, so as to prevent escape of blood upward into the gut, and a double string be brought down from it and tied over an external compress. Simple tubeless tampons cannot be kept in as long as desirable, because they give no exit to the gas. Special tampons with large central jacketed tubes of rubber or glass are sold at the instrument stores.

Extempore devices, however, will usually enable the remote practitioner to construct his own tubes and tampons. Large catheters can be included in the plug but they are too small and apt to become clogged. The tube should be about three-

quarters of an inch in diameter and four and a half inches long. The following materials are everywhere available for extempore purposes

1. Metallic tubes: Any tinher can in twenty minutes construct a tube of sheet tin, copper, zinc, lead or brass. The upper end should be thickened and smoothed by "hemming" or "wiring," or the mechanic can cut a piece from any metallic pipe of proper size. If necessary the surgeon himself can roll up a piece of sheet lead or other metal and cover it with cloth.

2. Rubber tubes: The rubber stores have tubing of a peculiar white rubber which is stiff enough to serve the purpose. gutta percha can be used.

3. Wooden tubes: Any joiner in a few minutes can cut out two semi-cylindrical strips which the surgeon can bind together and thus make a hollow cylinder. Pieces of small bamboo cut from a fish pole or from large canes such as grow in southern states make excellent tubes. In the northern woods a good tube can be extemporized by taking a roll of white birch bark and winding a roller bandage over it before applying the outer jacket.

Glass tubes: These are used by many operators. They are generally bought ready made, but they can be extemporized from a proper sized glass tube or a long cylindric vial by any one skilled enough to cut or crack off the glass with a file or to blunt its sharp edges with the same tool. As said on a former page, they must be properly guarded against fracture by wrappings.

In districts remote from instrument supplies these and other simple devices can always supply the tubes and construct the tampons. The instrument is then inserted and the outside jacket is stuffed from below in such a way as to make the upper part press outward upon the gut more firmly than the lower, thus preventing any blood from escaping upward into the colon. If the bleeding point is from a tube pile, it is always low down near the anus, and hence accessible either to the tampon or even to the ligature, if one rolls the gut resolutely outward.

SOME PHASES OF MEDICAL PRACTICE LEGISLATION.*

BY A. S. BURDICK, M. D., CHICAGO.

I take it for granted that every member of this Society heartily believes in proper legislation for the purpose of regulating the practice of medicine. It is certainly reasonable to ask, that ignorant and unscrupulous men should be kept out of the profession. In view, however, of the vigorous opposition which these laws are exciting in various quarters, and the lack of interest too often shown by the rank and file of the profession, it is important that there should be some understanding as to the scope of these laws. The necessity for them, which I regret to say the liberty-loving public and some of the older members of the profession fail to see, is to be found in the changed conditions, social and professional, as compared with those a generation ago. It is hardly probable that the better element of the profession a quarter of a century or more ago was less solicitous for the welfare of the public than is the same class of men today; nevertheless the fixing of standards upon a legal basis does not seem to have seriously engaged their attention. There are several reasons why laws which were not greatly needed then are necessary now.

1. During the pioneer days of the republic the opportunities for medical men or at least the openings for practice were far greater than at present. Numerous new communities were springing up, towns or settlements were few and far apart and the country sparsely settled. As compared with population the number of medical men required was much greater than it is at present. The physician, therefore, had little difficulty in finding a community where he would be welcome and one not over-exacting as to his educational equipment, even if competent to judge of it. Indeed the demand for physicians was so great that the community was impelled to

* Read at the Fifty-first Annual Meeting of the Illinois State Medical Society, Peoria, May 21, 1901.

waive too much insistence upon his possessing such attainments.

With the passing of the pioneer stage and the filling up of the country, competition naturally became keener. This was increased by the appearance from time to time of numerous medical schools. At first there was a certain occasion for this, to meet the demand for more and better educated medical men, but as they proved profitable to their promoters new ones were established from purely mercenary motives. As a result thousands of partly educated men were graduated on short notice, far more than enough to make up the deficit by death or to equal the accessions to populations by the natural processes of growth and immigration. The responsibility for the over-crowded condition of our profession should be placed where it belongs—on the colleges. Medical legislation then is really required primarily to act as a check upon these institutions, to supervise their work and keep it up to a reasonable standard of efficiency—since we cannot prevent them from going out into the highways and by-ways and bidding prospective students to come in.

On the other hand, the demand for physicians is constantly made less by the establishment of hospitals and sanitariums. According to a recent estimate more than 1,600,000 patients are treated annually in our 3,000 or more institutions of this kind. The growth of charlatanism and the multiplication of semi-medical and semi-religious sects has also lessened very much the demand for the physician's services. These apart from any selfish considerations, demand legal supervision.

2. A most important factor in determining the necessity for state regulation was the remarkable growth and diffusion of scientific knowledge. Medicine is becoming one of the exact sciences, and the recognition of that fact made it apparent that the physician must possess something more than an empirical knowledge of disease. That meant better educational advantages—better school work. A few colleges like John Hopkins, Harvard, the University of Pennsylvania and the

Chicago Medical College, took the lead and others were compelled to follow, unwillingly enough I fear in many instances. These institutions are becoming something more than teaching "plants;" they are becoming centers of research work around which the higher interests of the profession are grouped—a source of pride and a stimulus to the *esprit de corps* which is jealous of her good name and demands that medicine shall be in fact as in name a learned profession indeed, no refuge for charlatans and too difficult of attainment for poorly educated or incompetent men, who would bring her in disrepute. This feeling has been fostered by the growth of medical societies and is shown by the present tendency to the unification of these organizations.

3. The desire to conserve the public health undoubtedly stands at the head among the reasons for desiring state regulation of medical practice, although it is doubtless true that some medical men think more of the restriction of competition. But certainly there is no jarring of interests. It is of vital moment that the health of the community shall be in safe hands; the state certainly has a right to demand that the diagnosis and quarantine of contagious diseases, the enforcement of laws dealing with public hygiene and sanitation and the management of the state institutions for the sick and unfortunate shall only be entrusted to those who possess the knowledge necessary to do this work. It should also have the right to protect the people from impostors—persons professing attainments which they do not possess. Such individuals, for obvious reasons, are a dangerous element in any community.

Present status of medical practice laws.

During the past few months new practice bills have been passed by the legislatures of California, Missouri, Kansas and Texas. Of these, Kansas and Texas were among the worst remaining offenders. These bills provide substantially as follows:

In California a board of medical examiners is created to consist of nine members,

five elected by the Medical Society of the State of California, two by the California State Homeopathic Medical Society, and two by the Eclectic Medical Society of the State of California. Every person desiring to practice medicine in the state must submit a diploma issued by a legally-chartered medical college whose requirements were, at the date of its issue, equal to those prescribed by the Association of American Medical Colleges at that date, or a license showing practically equivalent knowledge from some other body licensing by examination. In addition he must take an examination before the above-mentioned board. While the law does not specifically exempt osteopaths, Christian scientists, etc., from the provisions of this act, it is understood, according to the *Pacific Medical Journal*, that there was a compromise made by which it is understood that they shall not be disturbed.

In Texas the new law provides for three separate examining boards representing the regular, homeopathic and eclectic practitioners. Every person hereafter desiring to enter upon the practice of medicine must take an examination before one of these boards. No diploma or certificate of examination is required and nothing is said of the irregular schools.

The Kansas law creates a board of registration and examination of seven members, representation being given to the different schools of practice as nearly as possible according to their relative numbers in the state, but no school to have a majority of the board. All persons desiring to practice medicine, surgery or osteopathy must procure a license from the board. The applicant must have taken at least three courses of at least six months each in a medical college and after April 1, 1902, four courses. He must also submit to an examination unless he happens to be an osteopath. The osteopath must be given a license upon the presentation of a diploma from an acceptable school. Nothing is said about faith healers, Christian scientists and the like.

The new Missouri law provides that "all

persons desiring to practice medicine or surgery in this state, or to treat the sick and afflicted, shall appear before the State Board of Health * * * and be examined as to their fitness to engage in such practice. * * * The examination shall be of elementary and practical character, but sufficiently strict to test the qualifications of the candidate as a practitioner." It is further provided that the applicant shall be examined in therapeutics by a member of his own school. This law was aimed at irregular methods of practice, and applies with the same force to physicians, osteopaths, magnetic healers and Christian scientists. Missouri has more than its share of these fantastic schools.

These are the most important additions to medical legislation. The laws of several other states have been modified, including those, I think, of Indiana, Wisconsin, Tennessee and Washington. These changes are generally unimportant. The medical laws of the country may now be epitomized as follows:

1. In order to enter upon the practice of medicine the applicant must submit to an examination in 38 states and territories.

2. A diploma from a college in "good standing" and also an examination is required in 26 states.

3. Diplomas from colleges in good standing are accepted without examination in at least 9 states. Considerable difference of opinion exists as to what "good standing" means, but the standard is generally set reasonably high. These states and territories are Colorado, Kentucky, Michigan, New Mexico, Nebraska, Rhode Island, South Dakota, Vermont and Wisconsin.

4. An examination is required in lieu of a diploma in at least 13 states, viz., Colorado, Mississippi, Missouri, Texas, New Mexico, Oklahoma, Oregon, Utah, Virginia, West Virginia, Vermont, Washington and Wisconsin.

5. The following states have laws which are practically ineffective: Arkansas, Nevada, Oklahoma, Vermont and Wyoming.

6. Osteopathy is recognized or per-

mitted in nearly every state. In Washington a bill directed against these people was passed over the governor's veto. A similar bill was introduced in the Wisconsin legislature, but I think failed of passage. The Kentucky decision against osteopaths has been reversed.

7. Christian science, faith healing, etc., are generally undisturbed. According to the new Missouri law they must submit to an examination. The bill in New York making similar provision failed of passage.

8. Reciprocity between examining boards was I think first proposed by the Illinois Board of Health. New Jersey, Indiana, Wisconsin, New Hampshire, and California and Texas make similar provision. There may be others.

9. I am unable to state the number of states requiring the completion of a four years course before the candidate can be admitted to practice. This is the case, however, in a large number. In some states it is statutory, as in Minnesota, Nebraska and Kansas (new law) after 1902. In others it is fixed by board rulings, as in Illinois. A few states, while requiring four years of the new graduates, admit physicians of five years standing who have had less than four years in college.

I wish now to call attention to some of the defects and limitations of these medical laws, or at least part of them:

1. The general absence of reciprocity provisions, whereby the certificate of examination issued in one state may be accepted in another. This would be unnecessary if every physician located for life, but this is manifestly impossible. There are many reasons which may make it necessary to remove from one state to another. The loss of time and the expense incident to another examination is no small burden, to say nothing of the danger of failure, in which case the old physician might find himself without a profession.

While something of a beginning has been made in reciprocity between examining boards, whereby the licentiate in one state may be admitted to practice in another upon the presentation of his certificate, the provisions are usually such as to

prevent their general application. I fear that mutual jealousies make them largely ineffective. So long as New York, for instance, thinks her own board and her own examinations of a higher grade than those of Illinois, the reciprocity between these two states is likely to be small. Without exception, I think, these provisions apply to recent graduates only, affecting at the best not 5% of the profession.

2. In several states it is required that the candidate must have studied medicine in a medical college of good standing for at least four years, an excellent provision for those who have just completed such a course and certainly to be commended in making provision for those now entering upon the practice of medicine, but it is certainly unjust to the older men. In other words, to bring the matter nearer home, at least 95% of the members of this Society would be absolutely debarred from entering upon the practice of medicine in Minnesota and several other states. Probably, however, no such law would stand if the case were appealed. In that case its unwisdom would be apparent.

3. I know of no state which makes any difference between the examinations given to old and recent graduates. As a result the character of the examinations is such the older men are discriminated against and often disqualified. While the examination is seldom so severe that a bright young man just graduated from a good college need look forward to it with trepidation, the condition is quite different with one who has been engaged in general practice ten, twenty or perhaps fifty years, and has not had the time or opportunity to keep up his anatomy, to master the latest refinements of pathology and bacteriology, or the technique or even the names of numerous operations in surgery and gynecology, which he has never done and never expects to. Yet these men have their full share of the really essential knowledge of medicine and often excel the better educated members of the profession in common sense and resource. I doubt if any one here would say that they are not as well equipped to practice medi-

cine as the average young man just out of college. Yet these men are likely to fail unless prepared for the ordeal by some weeks or months spent in poring over quiz-compend. As a matter of curiosity I should like to know how many members of this Society would pass such an examination without preparation. I suggest that some of you try it.

Another serious objection to these examinations is their unpractical character. It certainly does not seem just the thing to examine candidates upon subjects of remote interest and value. Why is it more reasonable to examine an oculist in gynecology than a dentist in proetology? Should not greater relative weight be given to the fundamentals of practical medicine?

4. It is a mistake to try to legislate all the erratic sects out of existence. The attachment to practice laws of riders which attempt this is not only likely, in many instances to prevent their passage, but also creates popular distrust of the profession and its motives. Many persons consider this legislation against other sects an unjustifiable interference with personal liberty. The medical profession belittles itself when it assumes the role of a scientific inquisition. It is no reformatory association and with the best of intentions cannot legislate a man or a woman or a body of men or women into common sense. So long as we can view with apathy the devastations of tuberculosis, venereal diseases and the drink evil, we do not need to burden our consciences with responsibility for Christian science and similar fads. Furthermore, I believe that such laws absolutely fail of their purpose and will not and cannot be enforced in this country. Moreover, such laws and their agitation serve to advertise the sects, to keep them in the public eye. A little judicious "martyrdom" helps wonderfully to spread the faith. Left strictly alone these organizations will soon live out their little lives and collapse on account of their inherent weakness and folly. Why enter the lists with pigmies? The best way to show their foolishness is to show the greatness of medicine. Would not a little less

mystery on our own part and an attempt at popular enlightenment by way of an "extension" movement do more good? If we can awaken a little enthusiasm regarding matters medical these other things are not likely to cause much trouble.

In conclusion, I will make the following suggestions:

1. In order to secure the efficiency of our practice laws simplicity is essential. They should aim to regulate only medical practice and not the opinions of any respectable portion of the community. Simplicity also tends to uniformity in different states and thereby to reciprocity.

2. The laws should recognize only medical schools of high standing, at least equivalent to the standard set by the Association of American Medical Colleges. All subsequent applicants should be required to be medical graduates. No law should, however, be retro active and graduates of five years standing or more should not be expected to prove college or other qualifications in excess of those generally required when they were admitted to practice.

3. Osteopaths and all other irregular medical sects which base their method of practice upon an alleged knowledge of the human body, should be compelled to submit to examination upon the fundamental medical branches. This examination should be identical with that required of regular practitioners. In therapeutics they should be examined by members of their own school.

4. Faith healers, Christian scientists, etc., whose method of healing the sick does not depend upon a knowledge of the body are usually religious or semi-religious bodies and profess no scientific knowledge. To require examinations in anatomy, pathology, etc., is therefore absurd. Non-interference with their practices, so long as it is a matter of individual choice and does not violate other laws or jeopardize other persons is advised. These people should, however, be compelled to obey the laws which require the reporting of births and deaths, the notification and quarantine of contagious diseases, etc.

5. I offer as a final suggestion to examining boards that the examinations be so modified that in the case of graduates of say ten years or more, greater weight shall be given to the practical branches of medicine, less to the theoretical. This would equalize somewhat the disadvantage as compared with the recent graduate. The following scheme used in the Marine Hospital Service shows what I mean:

In the examination for assistant-surgeon the relative weight of the different branches on a general scale of 100 is as follows:

1. Letter writing..... 5
2. Anatomy and physiology.....15
3. Surgery and surgical pathology...20
4. Chemistry, materia medica and therapeutics.....10
5. Bacteriology and hygiene.....10
6. Theory and practice of medicine and general pathology....25
7. Obstetrics and gynecology.....15

With a scale like this the same examination may be given to a class of candidates, the older men being given more credit on the practical branches, like medicine and obstetrics, the younger ones more on anatomy, bacteriology, etc.

WHAT HAS BEEN ACCOMPLISHED BY MEDICAL LEGISLATION.*

BY J. W. PETTIT, M. D., OTTAWA.

Because everything in the line of medical legislation has not been successful, the superficial observer is inclined to belittle the results thus far accomplished and discourage further effort. To properly estimate what has been accomplished, we should take into account original conditions as to professional and public sentiment. The first serious and determined effort to raise the standard of medical practice by legal enactment in this state was in 1877. Prior to that time no legal restriction was placed upon these who wished to enter upon the practice of medicine. As a result only those who chose to do so attended a medical college and

that usually for two short terms. A very large number, especially in the towns, villages and isolated places, made no preparation whatever. The proposition to regulate the practice of medicine by law was resented by graduates of reputable colleges and regarded as an insult to their professional dignity. Those who were not graduates looked upon such a procedure as an unwarranted interference with their constitutional rights, while the laity contended that the law should not interpose to prevent their employing whomsoever they chose to treat them when sick. To still further complicate matters, those who favored legal restriction, as a rule, insisted upon such radical and sweeping legislation that only those who were graduates of regular medical colleges would be entitled to practice. Here then was a combination of circumstances that seemed to make it impossible to secure any law whatsoever. Dr. John H. Rauch, who was thoroughly practical and an untiring worker, saw that in order to get any law, compromises must be made. He called to his assistance a few of the leading physicians of the state who were of a like opinion and they succeeded in placing upon the statute books the law of 1877, which was the most advanced step taken in any state up to that time. This permitted those who were not graduates who had practiced in the state for ten years to continue and required all others to have a diploma from an accredited college. The law met with but little favor. The educated physicians felt that it was too liberal in not including the ten-year practitioners, and such was the rancor of sectarianism then extant that they were particularly disgusted with the fact that eclectics and homeopaths were given a legal standing, while the public and those who were excluded by its provisions were displeased because it was too restrictive. The promoters of the law were left to see to its enforcement, which considering the state of public and professional sentiment was very satisfactory. Unfortunately for the usefulness of the law, too much was claimed in advance for it. Rauch and others

* Read at the Fifty-first Annual Meeting of the Illinois State Medical Society, Peoria, May 21, 1901.

insisted that under its provisions the reign of the quack was at an end. It did not take this class long, however, when they found they could not escape the law, to find a way to evade it. In order to secure the diploma required, medical colleges were established to meet the demand. These were of all classes, from the quasi-respectable which made a pretense of teaching, to the positively disreputable, which sold diplomas outright. Attempts were made to regulate the college but with indifferent success. As a result the profession became discouraged and disheartened. Our State Board of Health, although making a heroic effort, was rapidly losing its prestige and influence. In fact, was being ground between the upper millstone of quackish arrogance and presumption and the nether millstone of professional apathy and loss of confidence. This briefly is the history and the existing conditions up to five years ago when the campaign was begun for the enactment of the present law.

By this time professional and public sentiment had so far advanced that both the public and the profession recognized the necessity for legal restrictions, but much confusion existed as to what should be attempted and what methods employed to secure needed legislation. The legislative committee found that while the principle of statutory regulation was generally accepted as correct, the obstacles in the way of putting that principle into practical effect were not less than those which confronted Rauch and his associates. While the results of that campaign were in many respects disappointing, a distinct advance was made, viz., the separation of the license from the degree. The exemption of faith healers from the provisions of the law was due to lack of organization on the part of the medical profession. The failure to make the law more immediately operative and effective is due to the hostility from the better element of the profession in opposing the renewal clause.

The direct influence of medical legislation has been first, to require an educational qualification and has had a decided

influence in raising the standard of medical education. Within twenty-five years the length of the college course has been more than doubled. It is not fair to credit this result as entirely due to medical laws, but they have been a prime factor. Second, the separation of the license from the degree. This materially increases the value of the diploma. Third, the prohibition of the indiscriminate use of the titles Dr. and M. D., making it possible for the public to differentiate between the educated physician and the pretender.

The moral effect of such legislation has been not only to assist in a higher educational standard, but also the stimulation of a better professional spirit, as a result of organization made necessary to secure such legislation, an organization poor enough at best but far superior to what it would have been but for the incentive furnished by this movement.

Viewed from the standpoint of results actually accomplished, it must be admitted that our efforts to improve the profession by legislative enactment are disappointing. This, however, is a too narrow and short-sighted view. Thirty years covers a very short period of time in the history of medicine. The work thus far accomplished is merely preliminary and has progressed fully as rapidly as the state of public and professional sentiment would permit. About all we have thus far accomplished as compared with the possibilities, is to merely lay a few foundation stones. We have been passing through the experimental stage. We have been demonstrating "how not to do it." The vital mistake made was in attempting to effect a great reform without a large and compact organization of our own forces. We are now on the eve of the greatest professional awakening in the history of medicine. The forces now at work will result in effecting such an organization of the physicians of this state that within the next five years this Society will be numbered by thousands instead of as now by hundreds. When that time comes we will be powerful enough to compel such recognition at the hands of the legisla-

ture as are demanded by the great interests which we represent. In the meantime instead of attempting to improve the present law, let us devote our energies to organizing our forces, and when this is done, we will not be compelled to accept legislative crumbs as heretofore, but will demand and receive the whole loaf; Christian scientists, osteopaths, faith healers, etc., to the contrary notwithstanding.

DISCUSSION ON THE PAPERS OF DRs. BURDICK AND PETTIT.

DR. WILLIAM E. QUINE, Chicago: Mr. President—The first essayist, it seems to me, was incomplete in setting forth one of his premises, in that he holds the medical colleges exclusively responsible for the overcrowding of the medical profession. The medical colleges are not responsible to the exclusion of other agencies for the overcrowding of the medical profession, for it is a fact, well-known to every medical teacher in Chicago, that under-graduates in every medical college in that city may be passed and every year do pass the examinations of the Illinois State Board of Health, and receive certificates of license to practice medicine in the State, while they are yet Sophomore and Junior students. I am not afraid to say that there are under-graduates in every medical college in Chicago who are licensed to practice medicine in this State and are now engaged in that practice. The best of the medical colleges of the country, and particularly the best of the medical colleges of Chicago, are in advance, and always have been in advance, of the schedule of minimum requirements of the Illinois State Board of Health. The force which is operative in uplifting the medical profession has been that exercised by the best medical colleges in the land, for these colleges have always been, as they are now, in the forefront in upholding the influence and strength of medical boards, and in stimulating the medical boards to further elevation of the schedule of minimum requirements and to a stricter enforcement of existing requirements.

It has been well said by the second essayist that during the past twenty-five years the curricula of medical colleges have been more than doubled. The ground covered by medical students in their college course has been, in general terms, quadrupled. The faculties of medical colleges have been multiplied by ten, so that the best medical colleges of the land, even the mediocre colleges at the present time, require all the work of medical students that men of ordinary intellect can accomplish in the allotted period of four years of study. There are no bodies of students in existence, and never have been, who have worked harder than the medical students of the present generation are worked, in order to cover the ground of the curriculum of a well ordered medical college. It is undoubtedly true, that the process of evolution in medical teaching will go on, and that improvements will continue to be

made, but it is not possible that a larger amount of labor shall be exacted of young men and of young women in a period of four years than is now exacted by the better medical colleges of the country of their student body. The course of further advancement, it seems to me, is in the direction of not enlarging the curricula so much as it is in the direction of bearing down upon entrance requirements.

DR. HAROLD N. MOYER, Chicago: I have no difference of opinion to express with Dr. Pettit's views on medical legislation, but I rise rather to emphasize certain things he has said and, so far as I can, maintain the enthusiasm for medical legislation. I believe that our present law can be amended and made more effective than it now is, and the work ought to go on, for perfect medical legislation will be the efforts of many years. It cannot be accomplished in a year or two.

A brief reference to some of the difficulties that attended the passage of our medical practice act is not devoid of interest or of value even at this time. I was on the Committee on Medical Legislation for three years. We worked very earnestly and energetically. We consulted lawyers whom we paid, and a great many whom we did not pay. We studied medical legislation in other states, we consulted together, and tried to familiarize ourselves with definite knowledge as to the constitutional limitation of the possibilities of getting bills through the legislature and trying to estimate how the Courts would treat them after we got them through. After all this was done, and the product of our labor was placed before the medical profession, we were surprised to find that there were few indeed in the profession at large who were not better acquainted with the subject than we were. They knew what was needed much better than we did. No two agreed on the same thing, so far as we could find. That was the primary difficulty. An adequate medical practice act can be placed upon the statute books of Illinois, one which is strictly constitutional, and yet it will fall far short of meeting with the approval of perhaps the majority of the medical profession. But that is a limitation inherent in American institutions. That is a finality. Such a law can be placed upon the statute books of Illinois by the majority of the members of the regular profession without the slightest difficulty, as was demonstrated before the legislature over and over again. The power of the regular profession was a comparatively small minority that we had behind us.

A word or two more. What is the chief difficulty? It is this: The average medical man, as you talk to him about medical legislation, will not tell you that he wants a medical trust formed, but that is what he means, of which he wants to be on the inside and have a fence put around his particular medical preserves, and the other fellows can keep outside of it. He does not say so much, but that is what he has in his heart, and that is wrong. We could not put such a law on the statute books of Illinois, or if we did, it could not be enforced. That is self-evident. The only law

that can be put on the statute books is one that is fair, just and constitutional, and the real purpose of a medical act is not to put down charlatanism. That is not it. It is not to protect the public absolutely; it is to protect this profession of ours from the entrance into it of incompetents and of venal persons. We need a medical practice act to keep the sources of the medical profession clean, and that is what we should aim for.

Let me give another illustration. When we went out to the mass of the profession to see what they thought of medical education, it was surprising the answers we received. One gentleman wrote to Dr. Pettit, but unfortunately he destroyed the letter. In his letter, however, he wrote to this effect: "What are you fellows fooling about that law for? You have got a foolish, absurd law. We don't want that kind of a law. The law we want is to make the people pay their doctors' bills." ((Laughter.))

DR. H. C. FAIRBROTHER, East St. Louis: There is one point in the remarks of Prof. Quine which deserves reference, and that is the credit attached to the medical colleges for all the advancement in medical education and the elevation of professional standards. While I would not refrain from giving due credit to the medical colleges for the advancement of medical education, and in that way elevating the standard of the medical profession, we must not forget to look behind that and find in most of the medical colleges the motives that have led to the adoption of a higher standard of medical education, and has helped towards the promotion of the standard of medical practice. The work done by our Legislative Committee has had a stimulating effect in promoting good medical colleges and in elevating the medical profession.

I am aware, that in meetings like this and others, a great many members want to hurry on to the scientific program, and while I would not belittle that part of our work, and give all due credit to it for its advantages, still I think the subject under consideration is one of the highest missions of medical societies. Indeed, it is one of the best reasons for the existence of medical societies. I cannot speak too highly of the work that has been done by our Committee on Medical Legislation, and of the work done by medical societies of recent years, because it is only within the last one or two decades that so much good work has been done in promoting the standard of medical education and in elevating the medical profession. It is simply wonderful the work that has already been done. It is felt by the profession; it is felt by quackery. While, on the one hand, we legislate to a certain extent against quackery (I mean by that a long list of things commencing with osteopathy,) we hardly know where to stop outside of the regular profession. It has had the direct effect in limiting the number by reason of elevation of the standard of the medical profession and of medical education and requiring an examination that has made the medical colleges fearful of their work, and on part of the public it has made the young men fearful in entering these colleges, fearing possibly that they

would not finally get through the gate into the medical profession. It has established two gates, whereas formerly there was only one, and the gate leading to the regular profession was the hardest, that of the eclectic being the easiest. The gate of entrance into homeopathy was likewise easy, and still more so with osteopathy and other pathies. While students can get through these gates, the other gate into the medical profession is somewhat doubtful.

DR. C. B. BROWN, Sycamore: Dr. Moyer has struck the keynote of the whole business. The worst quacks that come to my town are graduates of regular medical colleges, and I believe we have just as many quacks in the regular medical profession as we have in other departments of medicine. We have got to go back of the professor in a medical college. The medical student has got to be taught to absorb some of the teachings of another master long before he enters a medical college to prevent him from being a quack. If we could prevent the average medical student from resorting to dishonest methods, we would not need very much medical legislation.

DR. A. C. CORR, Carlinville: I am not going to say very much about this subject, and I shall try not to repeat what was said in the papers and in the discussion. There is one point to which I desire to direct attention for the consideration of our Legislative Committee, and our historians in the future. The progress in the medical profession seems to have come about in cycles of every ten years, particularly the enthusiasm that has actuated the medical profession in the enactment of laws for the benefit of the profession and the people at large. I believe our first act was enacted in 1877, although in 1869, when we had no Legislative Committee, either temporary or otherwise, Dr. Trowbridge, a member of the Legislature from the Decatur district, constituted himself a Legislative Committee and drafted a bill very similar to the one which is our present law, regulating the practice of medicine, but it did not provide for the creation of a state board of health. The second law was what is known as the Anatomy Act. Ten years prior to that time under the influence of the Legislative Committee temporarily appointed, a law was passed regulating the practice of medicine and creating a State Board of Health. Ten years subsequent to that, about 1888, it was revised. Ten years succeeding that again (1898) our present law was enacted, so that something has been accomplished in medical legislation every ten years. We have become enthusiastic and have improved our legislation. I hope our committee will go on with its good work.

DR. EDWARD BOWE, Jacksonville: I have been very much interested in this discussion, because it has been participated in by several men who help to create doctors. While my criticism will not be directed to those who are connected with medical colleges, what is the use of talking about elevating the standard of the medical profession and medical education when the men who are connected with medical colleges and are leaders in medical organizations will contribute to the cheapening of

medical success. A short time ago a gentleman applied for membership in one of our leading societies. He graduated from a homeopathic college, and was admitted by that society. He was admitted on the recommendation of some of the leaders in our medical colleges and medical societies. Now, if the regular medical profession means anything to us and the young men who are struggling with a four years' course, what is the advantage over simply taking a round-about way in some cheap, irregular medical school, and then being held up by the profession as a regular practitioner by some medical society?

DR. BURDICK (closing the discussion on his part): I have very little to say in my closing remarks. Dr. Quine misunderstood me. I have no criticism to make on the work that is being done by the medical colleges at the present time. I stated that in the past, and to a certain extent in the future, owing to a multiplicity of medical colleges, these institutions are constantly bidding for patronage, and in that way the colleges are overcrowded, and particularly has this been true in the past. The tendency today is toward an improvement in that direction. The larger medical colleges crowd out the small ones, and what we need today is a more rigid adequate preliminary entrance examination.

I wish to thank Dr. Moyer for what he has said. He has touched on certain points much more clearly and forcibly than I could have done. The whole aim of medical legislation is to guard against incompetent men entering our profession.

DR. PETTIT (closing the discussion): I would like to impress this idea upon the members present, and hope that it may permeate the profession of the State. The matter of formulating a medical practice act is not so simple as it appears. It involves legal questions. We are not lawyers. We have to be governed by constitutional limits. We have to determine, first of all, whether what we have or what we want will stand the test of a judicial decision. The advantage of the present law is that it will stand the test of a judicial decision, and so far as it goes it is all right. They have not been able to shake it.

In regard to the work of the Committee on Medical Legislation, we have had the opinion of a chief justice of the Supreme Court of this State to guide us. Another thing: I care not how intelligent a physician may be, he is not competent to pass upon the question of whether a medical practice act is right or not. He can only determine the question as to how far it may affect the profession, but as to its constitutionality, etc., other things must be considered of which he knows comparatively little.

The Committee on Medical Legislation is composed of men who are earnest, faithful, intelligent, and who give particular attention to the subject in hand. They view it from every possible standpoint; they obtain information from every source. Now, when they have formulated a plan and it is sent out to the members of the profession for their endorse-

ment, it ought to be accepted without any question whatever. In other words, what we need in the State of Illinois is a leader or leaders for the profession to follow. If we wish to accomplish anything, it is necessary to follow an intelligent leader.

THE IMPORTANCE OF BLOOD-ANALYSIS IN GENERAL DIAGNOSIS.*

BY V. PODSTAT, M. D.

Pathologist, Illinois Eastern Hospital for the Insane.

The object of my paper, as presented to the Society, is simply to emphasize the importance of blood-analysis in general practice and to show that even a busy practitioner cannot very well afford to underestimate the many important data as furnished by few simple procedures and a few drops of blood. The paper offers little, if any, original matter, and many details are omitted in order to make it practical. The explanation of methods used has also been left out, because the primary object of this paper is to call the attention to what can be attained by such examinations rather than show how to perform them. If desired, however, by the Society, I shall be pleased at some future time to make practical demonstrations on the subject.

Of the many different methods of examination, the most practical and useful for clinical purposes seem the following:

1. Count of red blood cells.
2. Count of white blood cells.
3. Haemometric estimate.
4. Blood stains.
5. Differential count of white cells.
6. Serum tests.
7. Bacterial investigation.

For the rough estimate of the number of red cells the haemocrit may be sufficient in many cases, but it is certainly less reliable than the Thoma-Zeiss counting chamber, and for that reason, where the microscope is available, actual count is to be preferred.

Blood smear specimens can be made very easily. Heat is probably the best fixing agent, and Ehrlich's triacid stain for staining. No other stain appears to bring

* Read before the Kankakee County Medical Society.

out the differential features of leucocytes as well as the so-called triacid.

The differential count of leucocytes is made, of course, from the stained specimen.

The serum tests require more of a bacteriological outfit, but comparatively little expense and care. Same is true of the bacteriological investigation.

As to the so-called physiological variations, such as concentration and dilution of blood, let just a few facts be mentioned. We have no direct proof of any long lasting overfilling or underfilling of blood vessels. When the amount of blood is artificially increased the superfluous amount of water escapes by the kidneys, skin or mucous membranes. The opposite is true of underfilling. Both depend mainly upon the ingestion of water, also upon state of elimination and vasomotor condition. So-called "full-blooded" people show no changes in blood from normal and may have fewer red cells per c.m.m. than thin, pale persons. There seems little doubt that even normally the blood ratio to body weight 1:13, varies considerably. Pallor, it is true, does indicate the poor quality or quantity of blood to some extent, and in this particular the nails are apparently the most reliable indicators, much better, in fact, than the lips or conjunctivae. (Cabot).

The digestive activity and a man's general nutrition and strength can be usually diagnosed fairly accurately by means of a count of white cells. Starvation, for instance, gives a very low figure of leucocytes, and in cases of alleged starvation the truth can be very easily ascertained. Leucocytes decrease under such circumstances to 2,000, even lower. Debility shows similar changes.

When the normal increase of leucocytes after meals appears late, it signifies slow or poor digestion.

In case of first pregnancy, at least during the latter part of it, there is a perceptible increase of all varieties of leucocytes, reaching usually up to 14,000. In case of multipara this is much less frequent, in fact, only about 50% of them show any leucocytosis. In these cases there is no increase during digestion.

Massage, cold baths (when not chilling to the patient), show temporary leucocytosis. Same is true of violent exercise.

In about one hour after a hemorrhage there is, as a rule, considerable increase of white cells (up to 18,000), and this persists for several days.

Concealed hemorrhage where other physical signs are difficult to elicit, can be easily diagnosed by blood-count. The number of red cells decreases often to about a million. The blood-count enables the surgeon to determinate in a definite way the extent of hemorrhage and what measures are indicated.

It is not safe to operate when the hemoglobin of the patient is lower than 30%.

In inflammatory affections there exists a degree of leucocytosis differing much according to poor or good bodily resistance, also as to the severity of infection. The number of leucocytes reaches higher than in digestion, leucocytosis, and the percentage of polynuclear cells is much increased. Marked leucocytosis may exist without fever.

The toxic leucocytosis must not be lost sight of in consideration of the probable cause of the increase of white cells. The most important factors in this respect are the following:

- Rickets.
- Uric acid diathesis.
- Uraemia.
- Injection of normal salt solution.
- Administration of salicylates.
- Quinine poisoning.
- Administration of tuberculin.
- Administration of thyroid extract.
- Poisoning by illuminating gas.
- Ether anaesthesia.

Some tonics, especially the tincture of gentian, anise seed and peppermint, possibly also camphor, increase the number of leucocytes. Many animal extracts, especially thymus, spleen, bone marrow, when injected hypodermatically, produce the same effect. Also pilocarpine and antipyrine given hypodermatically.

Of the distinctly pathologic conditions the blood diseases show the most decided changes. The most important are: Chlo-

rosis, pernicious anaemia and secondary anaemia. Also the two or three varieties of leukaemia.

The important blood changes in chlorosis are:

Blood pale, very fluid, but coagulates readily. Haemoglobin estimate low, 60-10% lower than of red cells. Red cells diminished in number but rarely, if ever, below 1,000,000, small, some normoblasts, some poikilocytes, few, if any, megaloblasts or megalocytes. Corpuscles pale, especially centre. White cells not increased in number, but relatively the lymphocytes are more numerous. Blood-plates numerous.

In pernicious anaemia the blood is thin, watery. Haemoglobin is relatively high, considering the low count of red cells. This is true of the majority of cases. Red cells much diminished in number, often 1,000,000 or less. Many poikilocytes, megalocytes, megaloblasts and some normoblasts. Average size of cells larger than normal. Lymphocytes increased in number. Total number of white cells often slightly increased. Few myelocytes.

In secondary anaemia, due to some exhaustive disease: Haemoglobin is relatively low, although the disproportion is probably less marked than in chlorosis. Red cells are of various shapes, but usually rather smaller than normal in size. May be much diminished in number. Normoblasts are common, megaloblasts rare. Myelocytes rare.

In leukaemia the proportion of white cells to red cells is greatly changed so that instead of 1:500, there may be one white cell to ten or even less red cells, cases being recorded where the white and red corpuscles were about even in number. Blood is milky in color. Red cells are considerably diminished in number (average about 3,000,000), and many are nucleated. White cells are much increased in number and the predominating type indicates the variety of leukaemia.

Hodgkins disease or pseudoleukaemia can frequently be distinguished from the true leukaemia only by a blood examination. This reveals:

Blood practically normal in early stages. Red cells may show the same changes as in secondary anemia later during the course of the disease. Leucocytosis is infrequent and not marked even when present.

In diseases of the stomach, dilatation with atrophy of glandular element is accompanied by severe secondary anaemia, as before described.

In gastric ulcer the effect of hemorrhages is quite perceptible. Leucocytes are not increased except soon after hemorrhage or during digestion. Acute gastritis produces no marked changes in the red cells or in the amount of haemoglobin, but leucocytes are somewhat increased. In chronic gastritis, on the other hand, leucocytes are decreased. There is an absence or decrease of digestion leucocytosis.

Diarrhoea, especially when due to saline cathartics, causes a good deal of blood serum to escape from the blood vessels, and therefore blood becomes more concentrated and number of corpuscles is higher in 1 c.m.m.

Intestinal obstruction shows some leucocytosis at times, but no marked distinguishing feature.

Catarrhal jaundice shows normal blood except some increased size of red cells. There is no leucocytosis.

Increase of number of white cells exists in some cases of cirrhosis of the liver.

An abscess of the liver shows practically always marked leucocytosis.

In chronic nephritis there is often a marked decrease of red cells as well as of the white.

No marked blood changes in bronchitis. No leucocytosis.

In emphysema and asthma eosinophiles are more numerous and there is an increase of red cells, due to concentration of blood.

In serious pleurisy, of nontubercular type, there is often leucocytosis (13,000).

Empyema has a marked leucocytosis.

Peritonitis has a leucocytosis if not tubercular.

Pericarditis has a marked leucocytosis.

In ulcerative endocarditis pyogenic cocci can be cultivated from the blood. Red

cells are much increased in number. White cells show some increase also.

Leucocytosis may exist in a valvular disease of the heart.

In pneumonia the diplococcus lanceolatus can rarely be found in the blood. The coagulation of blood is rapid. Red cells are not much changed. Leucocytes are much increased in number at or soon after the chill. At crisis the number of white cells slowly begins to fall and in one or two days reaches normal. In delayed resolution, abscess, empyema or gangrene their number remains high. In case of a severe attack, when there is little or no leucocytosis, the patient dies almost invariably.

The pneumonia diplococcus does not clump when exposed to the serum.

In cases of diphtheria blood examinations are of value only in that the absence of leucocytosis in bad cases is a serious prognostic symptom. Blood serum does not clump the Klebs-Loeffler bacilli.

In typhoid fever there are no marked changes in the blood. The absence of leucocytosis is an important symptom. In complicated cases leucocytosis appears. After the febrile stage anaemia usually follows. The clump reaction (Widal's reaction) appears in more than 95% of cases, but sometimes as late as second, even third, week. Cabot advises a dilution of 1:10, with a time limit of one-half hour.

Scarlet fever shows leucocytosis before eruption, and it lasts for a long time after. Neusser says that in favorable cases the eosinophiles are increased in number.

There is no leucocytosis in measles, which is an important diagnostic sign.

In smallpox there is no leucocytosis till pus appears in vesicles. The post-febrile anaemia is very severe.

In acute articular rheumatism there is some anaemia and very little leucocytosis. The fibrin is much increased.

Cholera asiatica is the only disease that shows acid reaction of blood at times. On account of the very severe drains upon the watery portion of the blood the number of red blood cells per c.m.m. is much increased. Considerable leucocytosis is pres-

ent also. It is important to remember that the cholera bacilli clump readily when in contact with the serum of the cholera patient.

In marked cases of erysipelas leucocytosis is present.

Tonsillitis, even when of simple nature, usually causes leucocytosis.

La grippe uncomplicated, usually has no leucocytosis.

In septicopyaemia the blood frequently enables us to obtain culture of pyogenic cocci. Leucocytosis is marked except in extremely severe cases, or again in very mild cases. Anaemia develops rapidly and is severe.

In cases of abscess and necessarily also in appendicitis, the so-called iodine reaction is of value.

Iodine, 1. Kj, 3. Aquae, 100. Gummi ad syrupam,

Paint slide with this mixture, press unstained coverglass down into it. Normal blood shows red cells dark yellow, leucocytes light yellow, nuclei citron yellow. In purulent cases leucocytes stain brown. This is not true of cold abscesses.

In appendicitis the leucocytosis is early and marked.

In case of pus tubes there is a marked leucocytosis and it increases with the severity of the disease. In well walled off abscess it is stationary. If it increases it should be regarded an indication for an operation. Cases without increasing leucocytosis rarely need an operation.

It is well to remember that endometritis and cystitis, as a rule, cause no leucocytosis.

Otitis media shows a distinct leucocytosis.

Osteomyelitis has a leucocytosis that often reaches 29,000 as soon as pus is formed. This is, therefore, an indication for an operation, and serves also well to differentiate rheumatic pains from osteitis.

In case of a carbuncle, if the resistance of the system is normal, the number of leucocytes is much increased.

In acute gonorrhoea there is a moderate

leucocytosis and the fibrin is much increased.

In bubonic plague there is at times some increase in red blood cells and always considerable increase in number of white cells, even up to 200,000.

Trichinosis shows a small increase of leucocytes and relatively an immense increase of eosinophiles.

Peritonitis, if nontubercular, shows marked leucocytosis. Fibrin is increased (not so in malignant disease) or in obstruction.

Meningitis, if nontubercular, shows high count of leucocytes. It should be remembered, however, that at times the tubercular variety shows an increase also.

Cerebral syphilis has some leucocytosis also.

In diabetes mellitus a 1% Congo red solution stains the red cells yellow, while the red cell in normal blood stains red. In the same cases Williamson's mixture is of value.

2 drops of blood. 1 cc aqueous solution of methylblue 1:6,000. 40 cc liquor potassae 60%. 40 cc water. Let stand $\frac{3}{4}$ min. in boiling water. It turns yellow when the blood used is from a diabetic.

Gout often shows an increase in uric acid as precipitated by acetic acid and caught on a thread immersed in the serum.

Purpura haemorrhagica shows marked anaemia, especially when large hemorrhages occur. There is marked diminution of fibrin.

Scurvy shows marked anaemia, the haemoglobin being diminished much more than the red cells.

Tuberculosis shows comparatively few changes except when it is a mixed infection. When there are cavities in the lungs there is leucocytosis.

In secondary syphilis the number of red cells decreases. Others claim that in secondary stages haemoglobin falls rapidly after an inunction of mercury (often falls 10-20%) and later gradually increases. This primary noticeable decrease does not occur in diseases other than syphilis. The white cells show some increase in lympho-

cytes. The exhibition of mercury produces a decrease in the number of lymphocytes and an increase in the polynuclear variety, which change is directly opposite to what happens when mercury is given to nonsyphilitics. The same blood changes take place when KI is used.

In tertiary stage there is frequently severe anaemia. It is of importance to remember that the lower the haemoglobin and the higher the number of lymphocytes the more severe the infection. In the tertiary stage myelocytes and marked anaemia may be present, and their occurrence is of serious importance.

In cancer the haemoglobin is low, coagulation tends to be slower, but fibrin is about normal. Red cells usually are diminished to about 80%, haemoglobin 65%. This means a condition usually existing in the beginning of the disease. Later there is a steady decrease both in red cells and in haemoglobin, so that before death there may not be more than one million red cells. The size of red cells is small and they are often deformed. Normoblasts are present in advanced stages. There are few, if any, megaloblasts, excepting in the case of the cancer of the oesophagus, which produces a diminution of leucocytes on account of starvation, which results. Cancer usually produces an increase in the number of white cells. After a hemorrhage their number may be very high. The larger the size and the more rapid the growth the more marked the leucocytosis. Metastasis adds to their number. These findings, although common, are not, unfortunately, absolutely constant. It may be added here, that digestion leucocytosis is usually absent in cancer of the stomach. It also may be said that the polynuclear cells and myelocytes show the increase in leucocytes.

Sarcoma shows practically the same blood changes as carcinoma, but, as a rule, they are more marked. Leucocytosis is almost always present.

In malaria the method of examination is very simple, since nothing but fresh specimen of blood is needed to determine

the presence of the plasmodium. The blood should be taken within 12 hours of a chill and when quinine has not been used. The pigment and moving parasites are to be looked for specially. Red cells are often much decreased and even white cells are below normal in number, which is an important fact to be remembered in diagnosis. The percentage of haemoglobin is more decreased than that of red cells.

IMPORTANT CONCLUSIONS.

1. Simple counts of white cells before and after meals give us excellent information as to the digestive power of the patient.

2. Concealed hemorrhages can be recognized and their extent determined by the count of red cells and by the haemoglobin estimate.

3. Blood analysis alone enables us to make positive differential diagnosis of blood diseases, giving also excellent hints as to treatment and prognosis.

4. In pneumonia, especially central, often practically without physical signs, it helps us greatly in diagnosis and it is an absolutely certain guide to the diagnosis of complications.

5. Typhoid fever can be in the great majority of cases positively diagnosed by Widal's clump-reaction test. The existence of complications is revealed by the count of white cells.

6. Scarlet fever may be early and easily diagnosed from measles and small-pox (in early stages) by the count of white cells.

7. Positive iodine test and leucocytosis is a certain evidence of presence of septicaemia.

8. Presence of leucocytosis is a safe guide for the detection of suppurative diseases and differentiation from such as typhoid fever, malaria, rheumatism, etc.

9. Repeated count of white cells gives excellent hints as to the advisability of an operation in pus-tubes.

10. Osteomyelitis, so difficult and yet so important to diagnose early from rheumatism, can be usually safely told by the count of white cells.

11. Pure tubercular diseases can easily be told in the majority of cases from other affections and the presence of secondary infection can be determined by simple counts of white cells.

12. Mercurial test, combined with blood and haemoglobin estimate, determines soon whether secondary syphilis exists or not.

13. The severity of syphilitic infection can be told by the estimate of lymphocytes and haemoglobin.

14. Carcinoma and sarcoma, except possibly that of the oesophagus, can be, as a rule, easily told from benign tumors.

15. Very quickly made examination of fresh blood suffices to absolutely settle the diagnosis of malaria by means of microscope.

A CASE IN MEDICAL JURISPRUDENCE.*

BY F. C. WINSLOW, M. D., JACKSONVILLE.

The following case may possess some interest on account of its rarity. It is not unusual for the courts to set aside contracts when the judge is convinced that the mental condition of either of the parties is such that they are unable to appreciate the transaction. It is not uncommon to find contracts relating to deeds and wills pronounced invalid on account of the mental condition of the maker. Indeed, suits of that kind for setting aside of wills are of almost every day occurrence; but the one I am about to relate is the only one on record in the court where it was tried, which record extends back more than sixty years.

BLANK vs. BLANK.

This is a case where the plaintiff, a lady, brought suit in chancery against the defendant, a gentleman, to have the marriage contract set aside on the ground that at the time the contract was made, the defendant was insane and legally unable to make a contract.

The testimony showed the plaintiff to have been an exceptionally intelligent,

*Read at the Fifty-first Annual Meeting of the Illinois State Medical Society, Peoria, May 21, 1901.

well educated young woman of great refinement of character. The defendant had enjoyed a collegiate education and later became a traveling salesman. Their acquaintance dated from childhood, and a mutual esteem resulted in a marriage engagement. Defendant at this time was making long business trips extending to the Pacific coast, and the pair saw each other only for a brief time at long intervals.

The defendant's mother was of a nervous temperament with conspicuously unstable mentality. She showed at one time an intensely exaggerated religious development of the mind. Under its influence she discontinued the use of jewelry and other ornaments, and condemned herself and family to the plainest of food and apparel under the impression that such conduct indicated an extraordinary devotion to spiritual matters. This condition was followed by one directly opposite. She became extravagant in dress and ornamentation, neglected her family, and went about delivering speeches in public on any occasion when she could command an audience. Her actions finally resulted in a rupture of the family relations, and her husband, who was a successful business man, arranged an amicable separation, making ample provision for a home for her and a part of the family, including the defendant.

On the 12th of last May, Saturday, defendant called on plaintiff, being then en route to Denver and San Francisco on a business trip. He left the same day but returned on Monday the 14th and demanded an immediate marriage. After consideration by the plaintiff and her friends, and in deference to the persistence of defendant, the marriage was set for the 23d, which was the next week, Wednesday. Defendant left town and returned the 20th or 21st, but during the days that intervened before the 23d, the wedding day, plaintiff was so engrossed with the necessary preparations for this important and unexpectedly hurried event, that the engaged couple saw but little of each other.

The defendant, however, during this time was in a sense the guest of the young people of the town, and under observance by his business acquaintances and the towns people generally. From these there was presented a mass of affidavits in court testifying uniformly and strongly to the unbalanced mental state of defendant, as evidenced by his incoherent language, and his eccentric and impulsive conduct. For instance, when asked why he came up a back street, he replied, "Because he is after me." And again after a visit to the depot he says "I slipped back in the yard and through the freight cars so that fellow in the wagon shouldn't get me."

The wedding ceremony occurred at noon at the home of the bride, and a little later the pair started west. Plaintiff testifies that the train had hardly started before defendant called her attention to a fellow passenger (an old and esteemed legal friend she had known all her life, and who chanced to be going on the same train), and directed her not to notice him or have anything to say to him, as he was a detective and would do them harm. That evening in the dining room of the hotel at Burlington, he insisted on the same thing with regard to a young couple who occupied an adjoining table. The next day at Council Bluffs, and the next at Omaha and Lincoln the delusion of pursuers continued with great physical restlessness, sleeplessness and more and more incoherency of speech. He would buy papers and mark passages which he insisted referred to them, and constantly warned her against the schemes of their enemies. At some of the towns he would make a show of looking after customers, but had no success in a business way. He made the bride walk up and down stairways in hotels telling her there was a plot to get them in the elevator to kill them. Sunday morning found them at the Albany in Denver. Defendant left her at the hotel and went to call upon an uncle who resided there. The latter made an appointment to call at the hotel at three o'clock. Defendant was not present when he came and the uncle immediately asked

the bride if she realized that her husband was insane. She replied that she did, and the uncle advised her to return home with him without delay. They secured the drawing room on the east bound train that night, and the next night were met at Burlington by her uncle accompanied by the sheriff of the home county and the father of the groom. The latter took charge of the patient, while the bride returned to her home. The next day the patient was adjudged insane and sent to the State Hospital at Jacksonville, where he still remains. He was in a state of acute mania when received, showing the characteristic symptoms—being noisy, talkative, incoherent, dangerous and destructive.

The superintendent of the hospital was called to testify as to the clinical history of the case at the hospital and was asked how long the man had been deranged previous to his admission, to which he replied "that the history stated that the man had been deranged from a week to ten days and judging from his mental and physical condition, it was probably at least as long as the time stated."

The judge entered a decree setting aside the marriage contract on the plea of the mental irresponsibility of one of the contracting parties.

This case is unusual from the fact that it was not a suit for divorce, but for annulment of contract, and the court admitted the justice of the plea.

It was remarkable as a wonderful exhibition of nerve, courage, and devotion on the part of this young and inexperienced girl starting out on a bridal trip, and feeling the conviction of the terrible fact that her husband was an insane man hourly forcing itself home upon her consciousness. Nearly all of this time she was hundreds of miles from any friend and practically alone with him. Her unwearied attention and sleepless tact doubtless brought her safely through a situation from which an unwise word or even a look might easily have wrought a tragedy.

Counsel for plaintiff in his opening remarks informed the court that the mar-

riage had never been consummated.

Chapter 86, paragraph 15, page 1132, Revised Statutes of Illinois, says "Every contract made with a lunatic may be avoided." The law of course regards marriage as a civil contract and this case could probably have been decided upon this paragraph alone.

Sec. 2 of Chap. 89, page 1138, Revised Statutes, declares that "No insane person or idiot shall be capable of contracting marriage." The judge's decision therefore was well within the statutes covering general contracts, and also the special one relating to marriages.

If some way could be provided or invented whereby the contracting of marriages by the insane could be prevented, or whereby such marriages could be set aside, it would tend to discourage the increase of insanity which is almost sure to result in such marriages.

As the records of the insane hospitals in our state lengthen we find many cases of family names reappearing; and in the writer's knowledge there have been many cases of parents and children as patients in the insane hospital.

The following case illustrates an unfortunate condition brought about by the marriage of an insane man, and was brought to my notice by a letter from Dr. G. H. Hill, superintendent of the insane hospital at Independence, Iowa:

L. M. B. was admitted to the Central Hospital for the Insane at Jacksonville, March 20, 1860, aged 15.

Again Jan. 2, 1863, aged 17.

Again Sept. 4, 1864, aged 19.

Again June 29, 1870, aged 25. This time married.

Again June 30, 1874, aged 29.

His history closed at that institution with his discharge in 1875.

Dr. Hill writes:

Dear Doctor:—We have in this institution a patient by the name of LaFayette M. Burroughs. He was first sent to this hospital for treatment almost twenty years ago. The commitment papers used at that time state that he had had ten attacks of insanity previous to being committed

to this hospital and that five times he had been placed in an insane hospital, remaining about six months in order to get cured of each attack. I have been informed that this man in early life was repeatedly a patient in your hospital. If so, will you be kind enough to send me a copy of his earliest commitment papers and also a copy of the clinical record you have in this case in order that I may secure a complete history of the man. When he first came to this hospital he had seven children and I think he has about a dozen now. I am daily expecting that some of his children will be sent here for treatment; at any rate his case illustrates what is not a very infrequent occurrence, viz., for a person who has been insane for a long time to have a lot of children, all of them perhaps born since the patient became insane.

In view of these facts it seems to me that the inquiry is pertinent: Should the State through its proper channels interfere in the reproduction of degenerates? Should it not devise some practical method of lightening its own burdens? Possibly the most effective way is by the general diffusion of information regarding such matters. It is very improbable that any man or woman of sound mind and possessed of knowledge of the consequences would voluntarily consent to become the parent of a child whose future was liable to be obscured by the dark cloud of insanity.

DISCUSSION.

DR. EDWARD BOWE, Jacksonville: Mr. President.—The paper of Dr. Winslow opens up a wide field for discussion, and the important point which appeals to me is the restriction of intermarriage of degenerates. I believe this Society should take stringent action, recommending to the legislative committee that some law be introduced at the next general assembly restricting or forbidding the intermarriage of degenerates.

I shall offer a resolution to that effect before the general meeting today.

DR. ALEXIS T. TELFORD, Menard: I heartily concur in the views expressed in this paper. The paper is in the right direction. I have in mind a case which attracted a great deal of attention in Southwestern Illinois during the last six months. The case occurred in Cambridge, Illinois. A young woman had been married about two or three months, perhaps a little longer. She was a school teacher. She tried to kill her husband. She shot him

under very peculiar circumstances one Sunday afternoon. Without any warning or provocation, she entered the room where her husband was, with a revolver, and tried to shoot him in the forehead. The bullet glanced off and did not cause anything but a scalp injury. He managed to take away the revolver from her, when she screamed and said he tried to kill her. In due course of time she was indicted for murder. The trial came up, and a hundred and fifty witnesses were procured. There was an immense array of testimony, expert and otherwise, and the fact was brought out that for seven generations back her family had been insane, and the important testimony was brought out that at the time she was in utero her father became insane and was committed to an asylum. He committed suicide in the asylum while in a melancholic state. Some time before she was born her mother became insane, and never recovered, and spent the rest of her days in an asylum. Several of her uncles and aunts were insane. The Court found she was insane at the time of the commitment of the crime, and sentenced her to an insane hospital. The Attorney-general thinks that the woman will have to stay where she is. She has given birth to a boy in the institution. He is a nice-looking little fellow and weighed at the time of birth seven pounds, and it seems to me there is a pretty fair prospect that the boy will keep up the insanity taint in the family.

ILLINOIS STATE MEDICAL SOCIETY.

Minutes of Proceedings of the Fifty-First Annual Meeting, Held at Peoria, May 21, 22 and 23, 1901.

SECTION THREE.

Called to order by the Chairman, Dr. Frank P. Norbury, Jacksonville. Secretary, Dr. C. C. Carter, Rock Island.

Dr. A. S. Burdick of Chicago read a paper on "Medical Legislation."

Dr. J. W. Pettit of Ottawa followed with a paper entitled: "What Has Been Accomplished by Medical Legislation?"

These papers were discussed by Drs. Quine, Moyer, Fairbrother, Brown, Corr, Bowe, and the discussion closed by the essayist.

Dr. F. C. Winslow of Jacksonville read a paper entitled "A Medico-Legal Case," which was discussed by Drs. Bowe and Telford.

A paper by Professor R. W. Palmer, University of Illinois, was read in abstract by the Chairman.

A paper on "Etiology and Prophylaxis of

Insanity," by Dr. F. H. Jenks of Elgin, was also read in abstract by the Chairman.

The Secretary of the Section read a paper by Dr. N. S. Davis, Sr., of Chicago, on "What Are the Most Efficient Remedies for Shock, Syncope and Temporary Exhaustion, and How Should They Be Used?"

The paper of Dr. Davis was discussed by Dr. Fairbrother.

The general meeting was called to order at 12 m. The report of the Preliminary Meeting was again called for, and Dr. Black stated that the committee was not quite ready to make its report, and asked for further time, which, on motion of Dr. Pettit, was granted.

A motion was then made by Dr. Pettit that the Committee on Medical Legislation take the time allotted to the Committee on Medical Societies to-morrow morning (Wednesday), inasmuch as Dr. Hall was not present. Seconded and carried.

The President introduced Dr. H. B. Young of Burlington, Io., an ex-President of the Iowa State Medical Society, who made a few remarks in which he thanked the Society for his cordial reception and for the privileges of the floor being extended to him.

The Secretary read the following resolution, offered by Dr. H. V. Ferrell, of Carterville:

Resolved, That it is the sense of the Illinois State Medical Society, the purpose of the law, as understood by the medical profession, is for the good of the public and the profession, and that the examinations shall be conducted by the Illinois State Board of Health, and not be delegated to others.

Seconded.

Dr. J. W. Pettit: Before taking action on a matter of this kind, let us reflect a little. If it is not true, it would be a reflection on this State Society. I would like to know if we have any evidence, or if it is hearsay, that such action is taken. If the examinations are conducted by members outside of the Illinois State Board of Health, it is only proper that there should be an expression of sentiment from this

body. If not, it would certainly be an act of discourtesy to act on this matter from hearsay evidence. If the gentleman can present evidence that such a condition exists, we are in a position to act; otherwise not.

Dr. A. C. Corr: I wish to say that a report appeared in one of the East St. Louis newspapers to the effect that certain physicians took part in the examinations. Of course it was not true; they simply aided the members of the State Board of Health in procuring rooms in which to conduct the examinations. The examinations were conducted by the members of the Board themselves or by their clerks.

Dr. J. W. Pettit: In view of that information, I move that the resolution be laid on the table.

Seconded and carried.

The Secretary read the following resolution, which was offered by Dr. Edward Bowe, of Jacksonville.

Resolved, That it is to the best interests of the public that some stringent law be enacted to restrict the intermarriage of degenerates, and to devise some means of determining their eligibility of application for marriage license.

The President: What shall be done with this resolution?

Dr. H. C. Fairbrother: I move that it be laid on the table.

Seconded and carried.

Dr. James M. Postle: There are unprofessional men going through this country taking money out of the pockets of the poor without giving them any returns therefor. These men advertise to fit the eyes of people with glasses. Most of the patients they get are from among the poorer classes, and it has repeatedly come to my notice that they have taken money from these people without giving them any benefit, and I have had to send the patients afterwards to specialists in order to have them properly fitted with glasses. This state of affairs ought not to exist. A bill should be introduced into our Legislature to restrict that class of men and their work. I would therefore offer a resolution to the effect that the Illinois State Medical So-

ciety take up the consideration of a bill to that end and bring it before the State legislature and push it to a passage, if possible.

Seconded by Dr. Corr.

The President: At the preliminary meeting, held yesterday afternoon a program was laid out for the Legislative Committee by the Society, and we all feel that much more work has been laid out for this committee than it would be possible for it to accomplish in the next four years, and while this resolution can properly come before the Society it would be well to remember that we have a great many subjects to consider which were presented at the preliminary meeting yesterday. What is your wish in regard to this resolution?

Dr. J. W. Pettit: I would move, Mr. President, as an amendment, that the matter be referred to the Legislative Committee. This matter can be very easily incorporated among other things that will come up for the consideration of this committee. I wish to say that much in explanation of my object in making the motion, so that the gentleman who introduced the resolution may know that it is not my desire to shelve it.

The amendment was accepted by the mover and seconder of the resolution, and carried.

On motion the Society then adjourned until 1:30 p. m.

FIRST DAY—AFTERNOON SESSION.

The Society reassembled at 1:30 p. m. and was called to order by the President.

SECTION ONE.

Called to order by the Chairman, Dr. Charles D. Center, of Quincy. Secretary, Dr. W. G. Nesbitt, of Sycamore.

The address of this section was called for and passed temporarily, in the absence of Dr. Frank Billings.

On motion of Dr. Herrick, Dr. Billings was requested to read his paper at any time suitable to the section.

Dr. C. Martin Wood, of Decatur, read a paper on "The Clinical Laboratory in Private Practice," which was discussed by Dr. Herrick, and in closing by the essayist.

Dr. Robert H. Babcock, of Chicago,

contributed a paper on "Home Treatment of Consumption," which was discussed by Dr. Moyer, and the discussion closed by the essayist.

Dr. S. E. Munson, of Springfield, read a paper entitled "The Inoculation Theory of Malarial Fever Through the Agency of Mosquitoes."

Dr. E. J. Brown, of Decatur, followed with a paper on "Diagnosis of Malaria in Children."

These papers were discussed jointly by Drs. Fairbrother, Pitner, Quine, and the discussion closed by Dr. Munson.

Dr. William H. Maley, of Galesburg, reported a "Case of Typhoid Fever Complicated With Syphilis," which was discussed by Dr. Patrick.

Dr. Harold N. Moyer, of Chicago, read a paper on "Traumatic Neuroses," which was discussed by Drs. Harris, Patrick, and in closing by the essayist.

Dr. Alfred C. Cotton, of Chicago, contributed a paper on "Tubercular Peritonitis, With a Report of a Case," which was discussed by Drs. Herrick, Christy, Hensley, Ochsner, Markley, Sutton, Brown (C. B.), Billings, Percy, and the discussion closed by the essayist.

A paper by Dr. Daniel R. Brower, of Chicago, on "Some Suggestions for the Care and Treatment of the Insane," was read in abstract; also one by Dr. Sanger Brown, of Chicago, entitled "Premonitions and Early Symptoms of Insanity."

Dr. E. M. Eckard, of Peoria, read a paper on "Syphilitic Insanity."

Dr. Arthur R. Elliott, of Chicago, read a paper on "The Condition of the Kidneys With Regard to the Administration of Diuretics," which was discussed by Drs. Billings, Telford, Simpson, and the discussion closed by the essayist.

On motion the Society adjourned until 8 p. m.

FIRST DAY—EVENING SESSION.

The Society reassembled at 8 P. M. in the Music Hall of the Woman's Club Building and was called to order by the First Vice President, Dr. Weller Van Hook, of Chicago.

After two musical selections, rendered

by the Bradley Institute Symphony Orchestra, the President, Dr. George N. Kreider, of Springfield, was introduced and delivered his address.

Dr. George W. Webster, of Chicago, followed with the address of Section Three. He selected for his subject "The Duty of the State in Regard to Tuberculosis."

The Society then adjourned until Wednesday at 8:30 A. M.

SECOND DAY—MORNING SESSION.

The Society met at 8:30 A. M. and was called to order by the President.

The Secretary announced the members of the Nominating Committee, as follows:

NOMINATING COMMITTEE.

Chicago Dermatological Society, G. J. Dennis.
 Chicago Pediatric Society, A. C. Cotton.
 Chicago Society of Internal Medicine, A. R. Edwards.
 Chicago Surgical Society, M. L. Harris.
 Chicago Larynological Society, E. F. Ingals.
 Chicago Orthopedic Society, W. E. Schroeder.
 Chicago Academy of Medicine, W. J. Butler.
 Chicago Bohemian Medical Society, Carl Beck.
 Chicago Medical Society, Frank Billings.
 Chicago Pathological Society, E. H. Ochsner.
 Chicago Gynecological Society, Thos. J. Watkins.
 Chicago Ophthalmological and Otologic Society, Wm. H. Wilder.
 Chicago Neurological Society, H. N. Moyer.
 Chicago Medical Examiners, M. Furlong.
 Decatur Medical Society, S. E. McClelland.
 East St. Louis Medical Society, A. C. Corr.
 German Medical Society of Chicago, A. E. Halstead.
 Jacksonville Medical Club, A. L. Adams.
 Medico-Legal Society of Chicago, G. Frank Lydston.
 North Chicago Medical Society, R. B. Preble.

Ottawa City Medical Society, J. W. Pettit.
 Peoria City Medical Society, E. M. Eckart.

Physician's Club of Chicago, J. H. Stowell.

Quincy Medical and Library Society, Joseph Robbins.

South Chicago Medical Society, Denslow Lewis.

Adams County Medical Society, H. P. Beirne.

Bureau County Medical Society, H. C. Robinson.

Champaign County Medical Society, W. F. Burres.

Crawford County Medical Society, C. Barlow.

DeWitt County Medical Society, J. M. Wilcox.

DeKalb County Medical Society, C. B. Brown.

Douglas County Medical Society, Dr. Wagner.

Fulton Medical Society, J. E. Coleman.

Hancock County Medical Society, Dr. Ellis.

Henry County Medical Society, E. G. Gilbert.

Jo Daviess County Medical Society, D. G. Smith.

Kankakee County Medical Society, C. True.

Lake County Medical Society, J. M. G. Carter.

LaSalle County Medical Society, E. P. Cook.

Macoupin County Medical Society, J. P. Matthews.

McDonough County Medical Society, R. E. Lewis.

McLean County Medical Society, F. J. Parkhurst.

Morgan County Medical Society, E. F. Baker.

Moultrie County Medical Society, W. K. Hoover.

Pike County Medical Society, L. J. Harvey.

Rock River Valley Medical Society, D. H. Low.

Sagamond County Medical Society, J. N. Dixon.

Stephenson County Medical Society, W. J. Rideout.
 Shelby County Medical Society, Theo. Thompson.
 Tri-County Medical Society, D. W. Miller.
 Union County Medical Society, J. C. Stewart.
 Will County Medical Society, F. W. Werner.
 Wabash County Medical Society, R. J. McMurry.
 Winnebago County Medical Society, P. L. Markley.
 Warren County Medical Society, W. S. Halliday.
 White County Medical Society, J. N. Hopkins.
 Williamson County Medical Society, H. V. Ferrell.
 Aesculapian Medical Society, W. K. Newcomb.
 Association Military Surgeons of Illinois, C. C. Carter.
 Brainard District Medical Society, J. F. Lowery.
 District Medical Society of Central Illinois, W. H. Sparling.
 Fox River Valley Medical Association, H. A. Brennecke.
 Galva District Medical Society, M. T. Ward.
 Iowa and Illinois Central District Medical Association, G. L. Eyster.
 Medical and Surgical Society of Western Illinois, H. W. Chapman.
 Military Tract Medical Association, J. F. Percy.
 North Central Illinois Medical Association, W. O. Ensign.
 Southern Illinois Medical Association, H. C. Mitchell.
 Jackson County-Physicians' Proct. Association, A. M. Lee.
 Champaign Medical Library Association, H. C. Howard.
 The Secretary read the report of the Committee on Publication, as follows:

REPORT OF COMMITTEE ON PUBLICATION.

To the President and Members of the Illinois State Medical Society:

Your Committee has the honor to re-

port an unprecedented growth of the Society since the last meeting and that this increase is directly due to the publication of the Journal none will question, and your committee unhesitatingly recommend the continuation of the same policy.

The committee has caused to be printed an average of 1,400 Journals per month, of which at the present time about 1,000 go to members in good standing, 153 to members of local societies who have contributed \$1.00 for a six month's subscription and twenty to subscribers for the same period who are not members of a local society. The total cost for publishing the Journal for the last fiscal year is \$921.63; postage on same, \$29.39; total, \$951.02. The contract made with the Illinois State Journal Company called for 1,000 copies of the Journal, but which, as stated in last year's report, had to be increased to 1,250, as a large number had to be used for missionary purposes, and in the last year this number had to be increased to 1,400, as the growth of the membership made it compulsory. We are of the opinion that even this number will scarcely be adequate in the near future, as unquestionably the growth of the membership will continue for some time to come.

Owing to the fact that there is a general advance in the price of material and labor, the cost will have to be slightly advanced to publish the Journal in the future.

Your committee begs further to report that it has departed from the customary procedure of mailing a copy of the printed program to each member of the Society, because the program and synopses are printed in full in the May number. It has caused to be printed one thousand copies of the program, which have been distributed at the meeting, in this following the custom of the American Medical Association.

The Society at the last meeting having failed to make an appropriation for the expense of the Committee on Legislation, the chairman of that committee finding it necessary to raise funds, suggested to this

this committee the feasibility of calling upon the profession generally for a contribution of \$1.00, and for which everyone so contributing should receive the Journal for a period of six months, which was to cover the time the Legislature would be in session. Thereby the committee on Legislation hoped to extend its influence in having the moral support of some who were not members of the Society and at the same time raising the revenue. Your Legislative Committee will explain in greater detail the success of the plan. We will say further, however, that nearly all those who so subscribed completed their membership in this Society.

Owing to the rapid increase of the local societies and the demand upon the columns of the Journal for the publication of their proceedings, it will probably be necessary to add more pages, and the committee desires the privilege of increasing the number of pages as the necessities demand.

Respectfully submitted,
Edmund W. Weis, Chairman.

The President: What is your wish in regard to the report of the Publication Committee?

Dr. Weller Van Hook: I move that it be adopted. Seconded and carried.

The President: We will now listen to the report of the Treasurer, Dr. Brown.

Dr. E. J. Brown, Treasurer, read his report, as follows:

TREASURER'S REPORT.

May 18, 1901.

EVERETT J. BROWN, Treasurer.

In account with the Illinois State Medical Society.

DR.
To cash on hand May 24, 1900..... \$ 1,337 18
" receipts as per Book No. 1..... \$ 150 00
" " " " " No. 2..... 318 05
" " " " " No. 3..... 314 00
" " " " " No. 4..... 330 05
" " " " " No. 5..... 314 00
" " " " " No. 6..... 295 00
" " " " " No. 7..... 96 00

" cash from Legislative Committee..... \$ 1,817 10
375 00

CR.
By Voucher No. 1 Illinois Journal Co..... \$ 113 83
" " No. 2 Illinois State Journal Co... 64 91
" " No. 3 Dr. O. B. Will 1 25
" " No. 4 Illinois State Journal Co... 73 42
" " No. 5 Wm. Whitford, Sten..... 153 85
" " No. 6 Chas. Truax, Greene & Co. 1 50
" " No. 7 Illinois State Journal Co... 70 23
" " No. 8 Illinois State Journal Co... 76 44
" " No. 9 J. G. Shaw Blank Book Co... 21 00

By Voucher	No. 10	Dr. E. W. Weis.....	3 00
" "	No. 11	Marquam & Wilder, Print s	1 75
" "	No. 12	Illinois State Journal Co ..	74 97
" "	No. 13	Duplicate Ill. State Journal	
" "	No. 14	Legislative Committee....	27 22
" "	No. 15	" "	82 93
" "	No. 16	Illinois State Journal Co.....	110 98
" "	No. 17	Illinois Journal Co.....	24 75
" "	No. 18	Legislative Committee....	156 95
" "	No. 19	Illinois State Journal Co ..	97 20
" "	No. 20	Expense Dr. Kreider.....	20 00
" "	No. 21	Illinois State Journal Co ..	88 74
" "	No. 22	George R. Bacon, Printer...	7 00
" "	No. 23	Marquam & Wilder, Print's	1 75
" "	No. 24	Railway Agent	23 05
" "	No. 25	E. C. Stern, Stenographer..	7 80
" "	No. 26	Illinois State Journal Co....	66 12
" "	No. 27	A. C. Carman, Stenograp'r	5 20
" "	No. 28	Illinois State Journal Co ..	94 87
" "	No. 29	Legislative Committee....	243 36
" "	No. 30	Williams & Baird, Printers	3 00
" "	No. 31	Williams & Baird, Printers	3 00
" "	No. 32	Geo. R. Bacon & Co. Print's	3 00
" "	No. 33	Secretary's Honorarium....	350 00
" "	No. 34	Treasurer's Honorarium....	50 00
" "	No. 35	Treasurer's expense acc't...	33 84
" "	No. 36	E. W. Weis, Stationary....	21 25
" "	No. 37	G. N. Kreider, Stamps, etc..	70 75
" "	No. 38	Carl E. Black, Legis. Com.	377 31
" "	No. 39	E. W. Weis, personal acc't.	22 92
"	Cash in Bank.....		\$ 2,649 19
			880 09
			<u>\$ 3,529 28</u>

Examined and approved.

WELLER VAN HOOK,
DENSLOW LEWIS,
Auditing Com.

The Treasurer's report having been previously referred to the Auditing Committee, consisting of Drs. Van Hook and Denslow Lewis, Dr. Van Hook made a verbal report, stating that the Auditing Committee had carefully examined all of the vouchers of the Treasurer and books, and had found them correct in all respects, and recommend that the report be adopted by the Society.

On motion the report was adopted.

In the absence of Dr. C. W. Hall, of Kewanee, chairman of the Committee on Medical Societies, the report of this committee was referred to the Publication Committee without being read.

Mr. President, Members of the Illinois State Medical Society:

The Committee on Medical Societies has the following report to present to you:

The year has been successful as far as medical societies are concerned. In spite of the political campaign, doctors have generally been willing to co-operate in the work of this committee. We have eight new societies to report and there is great satisfaction on the part of the committee in reporting some of these societies.

Continued next month.

The Illinois Medical Journal.

The Official Organ of the State Medical Society.

EDITOR—George N. Kreider, M. D., Springfield.

ASSOCIATE EDITORS—Members of the Publication Committee:

Pres. J. T. McNally, M. D., Carbondale. Sec. E. W. Weis, M. D., Ottawa. Treas. E. J. Brown, M. D., Decatur.

Official Reporters of Affiliated Societies—

COUNTY SOCIETIES.

Adams County—Henry Hart, M. D., Quincy.
Champaign County—A. S. Wall, M. D., Champaign.
Calhoun County—T. O. Hardesty, M. D., Kampsville.
Crawford County—L. J. Weir, M. D., West York.
Douglas County—W. E. Rice, M. D., Tuscola.
DeWitt County—J. H. Tyler, M. D., Clinton.
Fulton County—D. S. Ray, M. D., Cuba.
Gallatin County—Geo. P. Cassidy, M. D., Shawneetown.
Hancock County—R. L. Casburn, M. D., Carthage.
Jo Daviess County—D. G. Smith, M. D., Elizabeth.
La Salle County—W. A. Pike, M. D., Ottawa.
Lake County—A. G. Haven, M. D., Lake Forest.
Livingston County—Jno. Ross, M. D., Pontiac.

McDonough County—R. E. Lewis, M. D., Macomb.
Macoupin County—J. P. Mathews, M. D., Carlinville.
Montgomery County—J. M. Trigg, M. D., Farmersville.
Morgan County—Ed. Bowe, M. D., Jacksonville.
Sangamon County—B. B. Griffith, M. D., Springfield.
St. Clair County—B. Portuondo, M. D., Belleville.
Union County—T. Lee Agnew, M. D., Anna.
Vermilion County—E. E. Clark, M. D., Danville.
Wabash County—J. B. Maxwell, M. D., Mt. Carmel.
Warren County—Adella R. Nichol, M. D., Monmouth.
Williamson County—G. W. Evans, M. D., Marion.
Winnebago County—S. R. Catlin, M. D., Rockford.

CITY SOCIETIES.

Chicago Academy of Medicine—J. G. Kiernan, M. D.
Chicago Neurological—C. H. Lodor, M. D.
Chicago Physician's Club—L. H. Mettler, M. D.
Chicago Rhinological and Laryngological—
Jno. E. Rhodes, M. D.

Chicago Pathological—Geo. H. Weaver, M. D.
Chicago Gynecological—C. S. Bacon, M. D.,
Decatur Medical—C. Martin Wood, M. D.
Jacksonville Physician's Club—D. W. Reed, M. D.

DISTRICT SOCIETIES.

Aesculapian—H. McKennan, M. D., Paris.
Central Illinois—C. R. Spicer, M. D., Taylorville.
Fox River Valley—H. T. Gahagan, M. D., Elgin.
Military Tract—C. B. Horrell, M. D., Galesburg.

North Central—Geo. A. Dicus, M. D., Streator.
Southern Illinois—O. B. Ormsby, M. D., Murphysboro.
Tri-County—Leroy Jones, M. D., Hoopeston.

All communications should be addressed to the Editor, 522 Capitol Ave., Springfield, Illinois.

The Society does not assume responsibility for any statements or opinions published in the JOURNAL.

The JOURNAL is published monthly. The subscription price is \$3.00 per annum in advance. The JOURNAL is furnished free to the members of the Society.

Entered at the postoffice in Springfield at second class matter.

JULY 1901.

DR. CALDWELL'S ARTICLE.

A melancholy interest attaches to an excellent paper by the late Dr. W. S. Caldwell, of Freeport, on Vagaries in Therapeutics, or the contents of my waste basket at the end of six months, published in this issue of the Journal. Dr. Caldwell wrote this paper for and expected to read it at the Peoria meeting, but was stricken with apoplexy from which he never recovered and died at his home in Freeport on the 7th instant. As Dr. Caldwell had traveled extensively and inquired intelligently a perusal of articles written by him always repays the reader.

ANOTHER MEDICAL EXCURSION.

The members of the profession in the middle west who enjoyed or have heard of

the delights of the excursion to Paris in 1900 under the conductorship of Dr. J. W. Pettit of Ottawa will be pleased to know that the doctor advertises another extensive voyage which will start from New York next February and visit the Mediterranean ports, including the holy land, Doubtless there are many physicians who will take advantage of this opportunity to view the historic shores of the ancient sea in good company. We would advise them to get in early communication with Dr. Pettit and secure a good seat at the first mess call.

ADVERTISEMENTS.

Our readers will notice a new feature in this number. Advertisements are inserted for the first time. As advertisers generally make their contracts at the be-

ginning of the year, it is not an easy matter to secure a large number at this time. Those firms and institutions which have taken space deserve and we trust will have consideration at the hands of our members and readers. It is the intention of the officers to accept only advertisement of a strictly ethical character. Should any of a different character obtain space it will be only because of lack of information regarding them, and we invite the closest scrutiny and criticism of our advertising columns. Fortunately the Illinois Medical Journal is not in any manner dependent on its advertising columns for existence. Neither is the Journal a publication conducted for profit. While business methods will prevail and a surplus will be sought for, yet the advertising columns must always remain subservient to the ethical and scientific interests of the honorable organization which it represents.

OFFICIAL REPORTERS.

In accordance with the instruction of the Society at the last meeting a communication was sent to the secretary of every society in the state asking his acceptance of the office of official reporter of the Illinois Medical Journal. The acceptances have been so numerous and hearty that doubtless reports from these gentlemen will be one of the features of future issues of the Journal. These reporters will be asked to send in all news of interest to our readers, not limiting themselves to reports of their societies. As there have been changes in the officers of some societies since our last report, it may be that some of the secretaries have not received the communication intended for them. If so they will understand that the oversight was not intentional, as it is the desire of the officers that every society should be

represented by an official reporter. This correspondence has developed the fact that two societies carried on our roll heretofore are defunct, viz., the North Chicago and the Ottawa City Medical Societies. The gentlemen who had acted as secretaries of these societies report that they have not held meetings for two or more years. We return thanks to the gentlemen who have so promptly responded to the request and hope that every society in active existence will be represented in our next issue.

PROPER COMPENSATION.

At the June meeting of the McLean County Medical Society a new fee bill was established to take effect July 1st. The new rates are 33% higher than previously prevailed, and call for a fee of \$2.00 for a day visit and \$4.00 for a night visit in the city of Bloomington.

We are pleased to note this effect of organization in the county seat of McLean, one of the wealthiest and most prosperous communities in the State. We hope the profession will adhere strictly to the new rate, and obtain the compensation justly due to a hard working and learned body.

If the citizens could be made to see the great benefits of a prosperous and learned medical body they would themselves advocate a reasonable rate of pay.

Post-graduate instruction, attendance on society meetings, new books, new instruments, and an annual vacation which every practitioner should take, cannot be possible when the community exacts the maximum of services and the minimum of pay.

The profession on the other hand should demand fair pay and return a good proportion of it by better ability from study, equipment and condition of personal health.

STATE BOARD OF HEALTH VS. WM. FRANK ROSS.

We give below an abstract of an opinion just rendered by the Supreme Court of Illinois. This decision reveals an unfortunate defect in the present law which has long been known to close students of its provisions. Ross, since deceased, was summoned before the State Board of Health, to answer to the charge of unprofessional and dishonorable conduct. His license was revoked, whereupon he appealed to the courts, with the result that the Board sustains a defeat as indicated. In view of this decision it becomes all the more important to secure a new law.

"The question presented for decision is, whether, under the present act of the legislature of this State to regulate the practice of medicine (Hurd's Stat. 1899, Chap. 91), in force July 1, 1899, the State Board of Health has power to discipline and revoke the certificates of persons who had been licensed to practice medicine and surgery by the board prior to that date."

* * * * *

The present act on this subject, which went into force July 1, 1899, is entitled "An act to regulate the practice of medicine in the State of Illinois, and to repeal an act therein named." The repealing clause of this act (section 12) is as follows: 'An act to regulate the practice of medicine in the State of Illinois, approved June 17 (16), 1887, in force July 1, 1887, and all other acts and parts of acts inconsistent with this act are hereby repealed.' Section 6 of the act of 1899 is as follows: "The State Board of Health may refuse to issue the certificates provided for in this act to individuals who have been convicted of the practice of criminal abortion, or who have by false or fraudulent representation obtained or sought to obtain practice in their profession, or by false or fraudulent representation of their profession have obtained or sought to obtain money or any other thing of value, or who advertise under other names than their own, or for any other unprofessional or

dishonorable conduct, and the board may revoke such certificates for like causes: Provided, that no certificate shall be revoked or refused until the holder or applicant shall be given a hearing before the board.'

"The present acts purports by its title to be a complete revision of the subject matter of the practice of medicine, and by its various provisions indicates that it was so intended. Section 2 provides that 'no person shall hereafter begin the practice of medicine, or any of the branches thereof, or midwifery, in this State without first applying for and obtaining a license from the State Board of Health to do so,' and details the manner in which a license may be obtained. Subsequent sections provide as to when the license shall issue; that it should be recorded in the office of the county clerk where the licensee resides or practices, within three months of its date, where a list of licenses should be kept; fees for examination and issuing the license; who should be regarded as practicing medicine within the meaning of the act, and license fees to be paid by itinerant vendors of drugs. Section 9 provides severe penalties to be imposed on any person practicing medicine or surgery in the State 'without a certificate issued by this board in compliance with the provisions of this act,' and further, 'that this section shall not apply to physicians who hold unrevoked certificates from the State Board of Health issued prior to the time of the taking effect of this act.'

"It is claimed by counsel for appellant that the words 'such certificates,' in section 6 of the present act, are a substitute for and mean certificates or licenses to practice medicine, and that it was intended by the legislature to include in the words 'such certificates' all certificates issued by the board of health prior to July 5, 1899, and that the holders of all certificates issued prior to that date are subject to discipline by the board, as provided by the present act, to the same extent and in the same manner as the holders of certificates issued since that date by the board; also, that if the act of 1899 only relates to cer-

tificates issued under that act, then that section 10 of the act of 1877 must be held to be still in force, and to give the board the power to revoke certificates issued prior to July 1, 1899.

* * * * *

"It follows that the claim that the act of 1877 is still in force is untenable, as it is repealed by the act of 1887. The present act, as has been seen, besides being a complete revision of the whole subject matter of the act of 1887, has an express clause repealing the latter act, and therefore we have only to consider the power of the State Board of Health under the present act.

* * * * *

"If it was the intention of the legislature to give the Board of Health power to discipline the holders of certificates issued prior to July 1, 1899, and to revoke such certificates, it has certainly failed to express such intention by this act. We are of the opinion that the language of the act is too plain to admit of the construction contended for by appellant. When the language of a statute is clear and plain there is no room for construction, and we are not at liberty to speculate upon what was the intention of the legislature.

* * * * *

"If the consequences of interpreting the statute according to its plain and obvious meaning are likely to prove disastrous to the people of the State at large, as contended by counsel, and as would seem not improbable, considering the large number of physicians and surgeons throughout the State and the temptations to obtain money and practice by a resort to dishonorable conduct which are supposed to beset professional men, the responsibility must rest with the legislature and not the courts. If the tendency of a law is vicious, the stricter its enforcement the sooner it will be amended or repealed. This statute is in its nature highly penal, should be strictly construed, and should not be held to include persons not clearly and plainly within the scope of its provisions. People vs. Peacock, 98 Ill. 172; Siegel vs.

People, 106 id. 89; Potter's Dwaris on Stat., 245; Sutherland on Statutory Const., Sec. 208.

"We do not discuss the several principles in the construction of statutes referred to in the brief of counsel for appellant, for the reason that in our opinion the principles of construction above stated are controlling in this case.

"The decree of the circuit court is therefore affirmed." We have carefully examined all of the questions involved, and considered the criticisms of the opinion by counsel and their arguments against the correctness of the same, and are of the opinion the conclusions reached and announced in the opinion are correct.

The opinion of the Appellate Court is adopted as the opinion of this court, and the judgment of this court is affirmed.

State Items.

The following changes will be made in the State Charitable Institutions July 1st:

Dr. Joseph Robbins of Quincy becomes superintendent of the Central Hospital for the Insane at Jacksonville.

Dr. F. C. Winslow, formerly at Jacksonville, becomes superintendent of the Hospital for the Incurable Insane at Bartonville, Peoria.

Dr. Saml. H. McLean of Hillsboro becomes superintendent of the Institution for Feeble Minded Children at Lincoln.

Dr. W. E. Songer has been appointed superintendent of the Asylum for Criminal Insane at Chester.

Dr. J. C. Corbus remains superintendent of the Eastern Hospital for the Insane at Kankakee.

Dr. R. F. Bennett remains superintendent of the Southern Hospital for the Insane at Anna.

Dr. F. S. Whitman remains superintendent of the Northern Hospital for Insane at Elgin.

Dr. W. E. Taylor remains superintendent of the Western Hospital for the Insane at Watertown.

Correspondence.

THE VIRCHOW CONTRIBUTION.

Dr. E. J. Brown:

Dear Doctor:—I beg to acknowledge the receipt of \$83.50, the contribution of the Illinois State Society to the Rudolf Virchow fund, with my sincere thanks. It, and the sentiments which dictated it, is one of the ties that bind us all together in an honorable and progressive profession.

Very sincerely yours,

A. Jacobi.

New York, N. Y., June 14, 1901.

ADVERTISEMENTS.

Dr. G. N. Kreider, Springfield, Ill.:

Dear Doctor:—As the subject of advertisement in the Illinois State Medical Journal was mentioned in your address, I suppose suggestions along that line would be of interest to the Committee on Publication. I do not think the advertising of proprietary medicines would add to the Journal in any way except financially. I am not in favor of that, but I have no idea of the amount of income it would furnish, therefore I cannot say much. I would be in favor of furnishing space for medical colleges, schools of pharmacy, and other institutions of learning; also professional cards. By representing the best institutions it would add to the Journal, and when we get ready for a post graduate course it would furnish a ready reference. We all know Senn, Furgeson, Billings, Ochsner, etc., but when we want to send a patient to any of them we must look up their address.

Fraternally,
T. A. Dicks.

Broadlands, Ill., June 10, 1901.

DR. PITNER, OF CLAY CITY, WILL RETIRE AFTER PRACTICING HIS PROFESSION FOR SIXTY-TWO YEARS.

E. J. Brown, M. D., Treasurer, Decatur, Ill.:

I herein send you a money postal order for my dues to the Illinois Medical Society.

I expect to leave the state in the fall for California, where, if health permits, I expect to spend the winter, and perhaps the remainder of my days on earth, which cannot be long, as I will soon be 89 years old, and have been over 62 years in the practice, and am now resolved to quit, and if there is any enjoyment in old age I want to have it without the responsibilities and exposures of our profession.

Respectfully yours,

F. R. Pitner.

Clay City, Ill., May 9, 1901.

Local Societies.

SALINE COUNTY MEDICAL SOCIETY.

At Harrisburg, May 22, this society was instituted by the election of Dr. S. L. Cheaney, Harrisburg, President; Dr. M. D. Empson, Hartford, Vice President; Dr. Jos. B. Baker, Secretary-Treasurer.

DE KALB COUNTY MEDICAL SOCIETY.

The physicians of this county met at the county seat, De Kalb, May 30, and organized by electing Dr. Chas. B. Brown, Sycamore, President; Guy J. Wormley, Sandwich, Vice President; Dr. Jas. M. Everett, De Kalb, Secretary-Treasurer.

CHICAGO MEDICAL SOCIETY.

The officers-elect for the ensuing year are: President, Christian Fenger; first vice, Dr. Alexander Hugh Ferguson; second vice, Dr. Hugh T. Patrick; secretary, Dr. Frank H. Walls; treasurer, Dr. David J. Doherty.

The report of the treasurer showed over \$5,500 in the maintenance fund, and it is the intention of the society to secure permanent quarters in the near future. The membership of the organization exceeds 1,000.

VERMILION COUNTY MEDICAL SOCIETY.

The Vermilion County Medical Society met the evening of the 14th in the Danville City Hall. Called to order by the Vice President, Dr. Jos. Fairhall.

Minutes of the May meeting read and adopted.

The name of Dr. H. S. Babcock of Jamesburg was favorably considered, followed by his election to membership. The name of Dr. C. E. Powell of Alvin was presented for membership and referred to the board of censors. The paper of the evening was by Dr. E. A. Johnston on "Electricity in the Practice of Medicine."

Discussion opened by Dr. E. E. Clark with reference to the special use of electricity in eye, ear, nose and throat work, followed by other members and closed by the essayist.

According to previous custom it was decided to adjourn until the regular October meeting.

E. E. Clark, Official Reporter.

CHAMPAIGN COUNTY MEDICAL SOCIETY.

The Champaign County Medical Society met at Julia F. Burnham Hospital at 2:30 p. m., June 20, 1901. Members present: Drs. Martin, Mandeville, Salisbury, Johnson, Miner, Schoengerdt and Wall. After the usual business of the society was transacted Dr. Mandeville reported a very interesting case of small pox in an elderly man who died from the disease in this city a few days ago. Dr. Miner reported a case of scarlatina which had two distinct eruptions of the disease, three weeks elapsing between each eruption.

Dr. Wall reported a case of cholecystectomy in a woman aet. 24. Gall bladder enormously enlarged; length 7 3-4 inches; circumference, 11 3-5 inches; walls 3-8 inch thick; contained pus and two very large gall stones, one being in cystic duct, completely blocking it. Fifth day since operation and patient doing well.

Society voted to hold bi-monthly meetings instead of monthly.

A. S. Wall, Official Reporter.

Champaign, Ill., June 21, 1901.

TRI-COUNTY MEDICAL SOCIETY.

The Tri-County Medical Society held its annual June meeting on Monday the 3d. in the city of Danville. All conditions were favorable and the attendance was the best in the history of the Society. Counting visitors, about fifty doctors were present. The Danville men gave the members and visitors a fine 12 o'clock dinner at the Aetna House, and in other ways showed themselves most excellent hosts. After dinner the doctors gathered at the city hall, and were called to order by Vice President E. E. Clark of Danville.

The minutes of the previous meeting were read and adopted, and the annual report of secretary-treasurer was heard. The program was made up of papers and reports of cases.

S. M. Wylie of Paxton read a paper on "Movable kidney," which as was brought out in the discussion, was a resume of the best known regarding this affection.

T. N. Bow of Loda read a paper on "Enterocolitis," with special reference to the treatment. Particular stress was laid on stomach lavage, colonic flushing, very careful medication and plenty of pure water.

E. E. Clark of Danville, read a paper on "Brain Surgery and Ear Complications," in which we were given some timely and most excellent advice as to the management of Otitis Media and Mastoid complications.

T. C. McCoughey of Hoopeston, reported a unique case of skin disease, the patient a Miss of 16 years, in school, good physique and good family history. Taken two or three

months since with very dry and scaly condition of hands and feet, perfectly symmetrical. Thought to be a case of acquired ichthyosis, trouble slowly yielding to antiseptic cleansing and ichthyol ointment.

W. A. Cochran of Danville, exhibited a calculous kidney totally removed from patient at one of the Danville hospitals. The specimen was some enlarged, quite purulent, and held one large and several smaller calculi.

Drs. Mason of Rossville, and S. C. Gliddon of Danville, were made delegates to the Am. Med. Ass'n. meeting at St. Paul, Minn.

Officers elected for one year:

President, S. M. Wylie, M. D., of Paxton, Ford county; Vice President, F. M. Mason, Rossville, Vermillion county; Secretary-Treasurer, Leroy Jones, Hoopeston.

Committee for good of the profession:

O. O. Hall, Milford; W. L. Brown, Danville; Leroy Jones, Hoopeston.

Paxton invited the Society to hold its next meeting in that town, and accordingly the doctors will next meet in Paxton on the first Tuesday in December.

Leroy Jones, Official Reporter.

THE CHICAGO PATHOLOGICAL SOCIETY.

The Chicago Pathological Society met June 10, 1901. Dr. L. Hektoen, President.

Dr. Alice Hamilton presented a paper dealing with cell division in the central nervous system of the white rat before and after birth; the number and distribution of the mitoses, the period up to which they persist, and their character. Mitoses were found along the ventricular surfaces in the early stages of development, gradually ceasing here, and increasing in the outer layers, until at birth, almost all are in the outer layers. At birth mitoses are numerous and persist up to the end of the fourth day; beyond this period no examination was made. The dividing cells are of two kinds; 1st. small, devoid of visible cell body, resembling cells of the neuroglia; 2d. large, with abundant cytoplasm, round, pear-shaped or spindle-shaped. These are in the gray matter of the cord and brain and correspond in measurements with the multipolar and pyramidal cells.

Conclusion: In the later stages of development the offspring of the germinal cells become partially differentiated, but without losing their power to divide. The large dividing cells are, then, immature nerve cells; the small are cells of the neuroglia. In the case of the white rat, these cells retain their power of division until after the fourth day of extra-uterine life.

Wm. B. Wherry: A case of so-called malignant (staphylococcus) carbuncle of the upper lip followed by pyemia. A barber, twenty-three years old, entered Prof. Bevan's service in the Presbyterian hospital on the 7th of February, 1901, and died on the 8th at 11:15 P. M.

About a week before his admission he extracted a "dead hair" from his upper lip. This was followed by redness of the lip and

swelling which rapidly extended to the side of the face and shoulder. He rapidly grew worse and died with all the characteristic symptoms of septicopyemia.

The post mortem examination was held twelve hours after death by Prof. Hektoen. The anatomical diagnosis is as follows: Acute, diffuse, purulent and necrotic staphylococcus inflammation of upper lip and adjacent parts of face; multiple abscesses and hemorrhagic pneumonic areas in lungs; double fibrinous purulent pleuritis; abscess in spleen; acute splenic swelling; cloudy swelling of kidneys and liver; persistent thymus.

Bacteriologically, a pure growth of the *Staphylococcus pyogenes aureus* was isolated from the lip, heart's blood, pleural exudate, liver and spleen.

Histologically, the lip shows dense cellular infiltrations with foci of necrosis containing groups of cocci which stain by Gram's method. The lung contains many pneumonic and hemorrhagic areas and mycotic emboli. The other organs show the characteristic changes of a severe infectious process.

The dangers of this affection depend chiefly upon its location and the virulence of, the infective agent; the prognosis is extremely grave on account of the liability to thrombosis and embolism.

The treatment of the early stage which has so far given the best results is excision of the necrotic area and packing with iodoform gauze. After thrombosis and embolism have occurred, treatment at the present time seems to be hopeless.

Wm. B. Wherry: The distribution of segmentation and fragmentation in the myocardium. Twenty hearts were carefully preserved and eighteen pieces were taken from each heart. In searching for changes, the divisions into simple segmentation, and degenerative fragmentation and segmentation, made by J. B. MacCullum, were kept in mind. Degenerative fragmentation and segmentation occurred twice in the left auricle. Segmentation was distributed in the following order of frequency: left papillary muscles, wall of left ventricle, right papillary muscles, posterior surface of apex, etc.

The changes in the walls practically correspond to the changes in the papillary muscles.

"Diffuse" segmentation of both left papillary muscles accompanied by diastasis and displacement of the segments seems to indicate more or less general segmentation and fragmentation throughout the ventricles.

Dr. E. Friend: Cyst-adenoma of ovary. Patient thirty-one years old; married five years; never been pregnant; menstruation regular and painless; family history negative. About eight years ago severe pain developed in the region of the left ovary, but upon examination this was pronounced healthy. About one year ago a swelling appeared, extending from the symphysis pubes to the umbilicus but this gave no pain until about a month ago. She then entered the hospital and at operation there was removed from the right ovary a small multilocular cyst. The patient

made an uninterrupted recovery and was discharged from the hospital yesterday.

Adenomas developed as a result of disturbance in the formation of Pfluger's tubes in the growing ovary. Cyst-adenomas are simply adenomas which have undergone cystic degeneration; they consist of long, round, tortuous cavities separated from each other by connective tissue. These cavities may become obliterated entirely or partially by papilliform growths.

The present officers were re-elected for the coming year.

SANGAMON COUNTY MEDICAL SOCIETY.

Met in regular session Monday evening, June 10th, at 8 o'clock, with Dr. J. N. Dixon the president in the chair. Dr. F. O'Hara acted as secretary during the temporary absence of the regular secretary. Upon motion the reading of the minutes of the May meeting was dispensed with. Applications for membership in the Society were received from Drs. J. L. Taylor, of Springfield, and Berton W. Hole of Tallula, the same were referred to the board of directors. The bills of Phillips Bros. for printing, postage for secretary and janitor's fee were ordered paid. By vote of the Society, Dr. A. W. Barker was authorized to appear before the Board of Supervisors and endeavor to secure their consent for the use of their room for our meetings. Dr. Walter Ryan then reported some very interesting cases. A Dermoid Cyst of the Coccyx that had been seen by several eminent eastern surgeons, who failed to recognize the condition. Spoke of a case of punctured sub-clavian artery that he had sutured, also an accident to the axillary artery, both due to stab wounds. Showed several specimens from cases operated on for appendicitis, referred to the great importance of blood examinations as assisting in making a diagnosis in this disease. Especially in differentiating from colic, impaction, ovarian and pelvic neuralgias and typhoid fever. Gave the results of the blood examinations in nine recent cases of appendicitis. In speaking of gall stones in the matter of diagnosis, said jaundice was not a constant symptom. Described a case of misplaced liver. Showed an appendix with retained concretion. Showed specimen of dermoid of ovary, 18 years' duration. Spoke of partial dislocation of radius as occurring in children, due to lifting them up by the arms, a condition rarely mentioned in text books, but easily remedied when the attention is called to it. Dr. Buck asked if simply opening and draining in appendicitis did not render the individual more susceptible to another attack? Asked from the standpoint of life insurance directors. Dr. Ryan said he did not believe in using force to loosen the appendix from adhesions, feared the liability to rupture and general peritoneal infection. Dr. S. E. Munson considered the operation simply as assisting nature to get rid of an occluded appendix, oftentimes nature had already performed the operation. Dr. O'Hara said he still held to the medical side of the question, danger of anaesthetic and liability to hernia after operation should be considered. Dr. Ryan said

hernia would occur in some cases, could not be avoided. Dr. A. L. Brittin thought there was great responsibility in deciding whether to operate or not to operate, and when, there is a time when operation will prove life saving. Dr. C. S. Nelson asked if there was any explanation to offer for the absence of jaundice in cases of gall stones? Dr. Ryan said he had nothing new to offer. Dr. Kreider spoke of a case he had seen which was diagnosed as typhoid fever three years ago. Three years later, thirty-six hours after a severe strain, appendicitis developed. A gangrenous appendix was removed. All cases showing typical symptoms should be operated upon. The importance or responsibility of saying when to operate is great. In gall stones pain under right shoulder and bile in the urine are very important. Dr. A. E. Prince expressed himself as being greatly interested in the result of the blood count in appendicitis.

Dr. Dixon said as a rule when the common duct is obstructed we have jaundice, in the majority of cases of gall stones, this duct is patent. All expert operators advise an early operation in appendicitis. The general condition of the patient is of more importance than the pulse and temperature alone. Dr. Margaret Shutt said her experience in blood examinations in cases of Appendicitis was limited to 13 cases, the differentiations were from (1) colic, (2) ovarian and pelvic neuralgias, (3) ordinary impactions, (4) typhoid fever. Catarrhal and suppurative appendicitis are also differentiated when the number of white cells or leucocytes decrease in number or proportionately it is an encouragement, otherwise operative measures are imperative. Dr. Ryan in closing spoke of importance of early diagnosis, referred to a case occurring four days after an instrumental delivery, peritonitis was present. Upon operation a perforated appendix was found. Sudden cessation of pain and disappearance of outward symptoms showed the material had backed up and produced toxæmia. Spoke of a case where all faecal matter came through the caecal opening, practically an artificial anus. Early operation always advised. Upon motion which was seconded the Society adjourned until the second Monday evening in September.

B. B. Griffith,
Official Reporter.

The Decatur Medical Society met in regular session at the Decatur Club rooms Thursday, May 30, 1901. This being the time for the annual election of officers, ballots were taken with the following result: President, Will C. Wood, Decatur; vice-president, W. D. Hoover, Lovington; secretary and treasurer, C. Martin Wood, Decatur. The retiring president, H. C. Jones, delivered an address on the "Use and Abuse of Medical Societies," which was very well received.

Dr. W. J. Chenoweth, chairman of a committee appointed to confer with the library board, in regard to securing space for a medical library, asked for further instructions. On motion, the committee was continued.

The scientific program, consisting of a paper on "Diagnosis and Treatment of Some Cases of Obscure Etiology," by W. D. Hoover of Lovington, was then taken up. The paper treated of the many and varied symptoms which may present themselves, all having as an underlying cause a contracted kidney. The paper brought forth general discussion, and many points in the diagnosis and treatment of this disease were developed.

The censors reported favorably upon the names of R. E. Calhoun, Chesterville; E. E. Clark, Oakley, and E. A. Burwell, Decatur, making a total of fifty-five members on the roll.

Dr. Cass Chenoweth called attention to the lack of inspection of cattle in the neighborhood of Decatur for tuberculosis.

The president appointed Cass Chenoweth, S. E. McClelland and F. M. Anderson as a program committee for the next meeting. M. P. Parrish, M. D. Pollock and W. A. Dixon were appointed censors for the ensuing year.

C. Martin Wood, Official Reporter.

[The following is the address by the retiring president.]

THE MEDICAL SOCIETY—ITS USE AND ABUSES.

The saying that "In union there is strength," is not alone true of states and peoples, but applies with especial force to co-workers in any field of effort, and it is also true, that the union or organization is not only stronger as a composite body, but it imparts strength to its individual members.

It is in this light that I view the organization of our profession into societies, both local and general.

There may be some who will concede the benefit of the local society, who do not look with as much favor on the larger body, and vice versa, but each has its own distinct advantages, and its own special function, and both are indispensable to the wide-awake practitioner.

There is no better remedy for professional narrowness, and the jealousy and bickerings of competition, than frequent and familiar commingling on a common level in the society meetings. In the president's address at the recent meeting of the State Society, it was stated that for years no active society had existed in Sangamon county, and as a result such estrangement and want of co-operation had resulted as to leave every professional arm upraised in defensive at least, if not in offensive, warfare against its neighbor. Now they have a strong and vigorous society, of seventy-eight members (Over fifty of them being members of the State Society—Editor), with cordiality and good feeling prevailing.

Our own experience has been much the same although it may not be easy to demonstrate the benefits, except as each of us feels a consciousness of better acquaintance with our brother physicians, with resulting improved respect for the work each in his own way is doing. There is a stimulus to every ambition in the meeting and exchange of views with other workers in the same line of effort.

What one of us ever comes back from a meeting of the State Society without mentally girding up the loins, and squaring the shoulders, in a sincere determination to be a broader, and better, and more pains-taking, as well as pains-relieving, doctor, and even if we do lapse back a little from the high standard we have aspired to, have we not gained something in diagnostic acumen, and therapeutic skill, by the few cases we have more carefully studied, and more thoughtfully treated, as well as by the reading we have accomplished while the fit was on? And have we not another stimulus in prospect in the meeting a twelve-month hence, to say nothing of the more frequent meetings of the local society, which may at least prod us into a remembrance of our good resolutions.

While my appreciation of the home society is great, and my respect for the state body no less, I am not quite so enthusiastic about the national association, which appears to me to be degenerating or transforming itself into a grand junketing tour—well enough for the would-be sight see'r and recreation seeker, but not offering much that a man can "use in his business."

The medical society, in its ideal form, does not partake of the nature of trade-unionism. It is not an organization for booming business, or regulating fees, or forcing collections, but is a medium for the diffusion of scientific views and new ideas and improved methods of work. The progressive member is willing, when he can, to impart information and is desirous of acquiring helpful hints from others. This "give and take" spirit is the key note of its usefulness. Then it must not be forgotten that the individual who is called on to express his views is helped to a clearer conception, and fuller knowledge by the necessity of lucidly and intelligibly presenting them before others engaged in the same pursuit.

With our pre-announced programs there is an incentive to every one who wishes to acquit, himself or herself creditably in the discussions to look up the points likely to arise, for except in the case of born orators, we all know how much better an impromptu speech sounds when carefully prepared.

When twenty or thirty student practitioners meet together, and drop solid chunks of wisdom and experience from their over-flowing store-houses, how can we help being edified.

I am not in sympathy with the sentiment that our society topics of discussion should be confined to new and finespun theories of bacteriology, which are as difficult of comprehension to the common mind as Browning's poetry. Nor on the other hand, should we devote too much time to common-place subjects with which all educated physicians are supposed to be familiar. How quickly we cast aside the journals devoted wholly to these extremes and devour the contents of the practical journal, abstruse enough to set us thinking, but more in line with the problems which confront us in our daily work.

This ample middle ground affords abundant material for profitable discussion.

If these are some of the benefits the society confers on the individual member, he is not

without reciprocal duty to the society. It is not enough to have one's name enrolled on the records, nor even to be reasonably punctual in attendance on its meetings. Every member should recognize himself as an integral part of his society, and aid in its upbuilding and maintenance in every way possible. He should be ever ready with helpful suggestions, and take an active part in the work. This applies especially to the home society, where co-operation of all the members is essential to success. At the State Society there are more talkers than time to hear them, and one may, as I know by experience, gain much pleasure and profit without ever opening the mouth.

So much space has been given to the proper use of a medical society, that I have little left for the abuse, but, fortunately, little is required. That the privilege of membership may be abused is not open to question. This may be in the form of carping criticism, or indifference, or conscious or unconscious hindrance to the society's work.

It may be in the still more despicable form of using it as an advertisement or certificate of character by the unworthy. Prominence in society work is by no means proof of unworthy motive, and yet we have all seen such prominence gained unworthily by the methods of the ward politician.

A doctor may be too much of a society man; attending all the meetings within his reach to the demoralization of his practice. This form of dissipation is not commended, but rather temperance in all things.

The welfare of the society and the personal comfort of its members may be disturbed by inflicting upon it and them of unduly long and prosy papers. It is hard to tell which is the more disagreeable—the man who refuses to write, or the fellow who says "lend me thine ear" and then refuses, within any reasonable limits, to terminate the loan.

In conclusion, permit a few words historical.

What medical societies, if any, may have existed in Macon county prior to 1874, I do not know, but April 14th of that year a meeting of physicians was held in the office of Drs. Moore and Barnes, "for the purpose of organizing a society for the promotion of medical science." One only of the five physicians present at that meeting is now living. Dr. Tobey was chosen president and Dr. Walters secretary. A committee was appointed to draft a constitution and by-laws to be reported at the next meeting. From that date, for fifteen years, monthly meetings were held with a fair degree of regularity. The last meeting held, except on occasion of emergency, was August 8, 1889. The society then, to all outward seeming, expired, or at least had only a nominal existence, for more than half the period of Rip Van Winkle's nap in the Catskills. I think it is only awarding honor to whom it is due to say that it was owing to a vigorous and persistent application of artificial respiration, under the able treatment of our esteemed secretary, that the Decatur Medical Society was again restored to life and activity.

The re-acconchment was happily consummated on the evening of December 19, 1899,

since which date only one meeting has been passed by, and that was on a stormy night during the holidays. We now have fifty-three names on the roster, which is probably as large an active membership as any local society in the state, outside of Chicago, can boast.

Through the courtesy of the directory of the Decatur Club, we have been tendered the free use of this room for our monthly meetings, and it will surely be our own fault if we do not go on to a larger success. So long as twenty-five per cent of the membership remains loyal, we can have a live working progressive society, and I hope we shall all work together harmoniously to this end.

H. C. Jones.

Decatur, May 30, 1901.

LIST OF NEW MEMBERS.

Baysinger, M. W....Grand Tower.
 Beehler, Louis L....Chicago, Reliance Bldg.
 Berger, Adolphus...Lebanon.
 Bickel, A. S.....N. Chillicothe.
 Bowe, Edw.....Jacksonville.
 Bradley, G. W....Waverly.
 Cherry, Thos. E....Cowden.
 Cooper, J. F.....Elmwood.
 Curry, Thos. Walter.Streator.
 Davidson, W. P....La Place.
 Dombrowski, P. ...Peoria.
 First, F. H.....Rock Island.
 Freer, O. T.....Chicago, 288 E. Huron St.
 Gill, J. C.....Chicago, 34 Washingt'n St.
 Grigson, R. J....Augusta.
 Heflin, H. N.....Kewanee, Henry Co.
 Heywood, Chas. W.Riverside
 Lacy, H. E.....Fontana, Wis.
 Lane, George A....Menard.
 Lyons, J. A.....Chicago, 4101 State St.
 Matheny, R. C.....Galesburg.
 Milnamow, J. F....Chicago, 1813 Park Ave.
 Neiswanger, C. S....Chicago, Field Bldg.
 Ochsner, Albert J...Chicago, 710 Sedgwick St.
 Ormsby, O. B.....Murphysboro.
 Pierce, Norval H....Chicago, 31 Washingt'n St.
 Poling, James A....Freeport.
 Preble, Robt. B....Chicago, 103 State St.
 Riggs, J. P.....Roseville.
 Shinn, Wm. R....Chenooa
 Trovillion, C. E....Metropolis City.
 Walker, J. W.....Mason City.
 Winslow, F. C.....Jacksonville.
 Williamson, J. H....Assumption.
 Yoder, Henry Lee ..Morton.

Marriages, Deaths, Change of Address

MARRIAGES.

Dr. Phillip Daggett Bourland, Chicago, and Miss Jessica MacIntyre, Chicago, June 10.
 Dr. T. A. Griffin, Rockford, and Miss Bertha E. Auld, Chicago, May 2, 1901.
 Dr. P. A. Merseur, Raymond, and Miss Grace Morrison, Virden, June 20, 1901.
 Dr. Chas. R. Scott, Chicago, and Miss Jane Watson Craven, Chicago, June 25.

DEATHS.

(Furnished by the State Board of Health.)
 Banton, J. F., in Denver, Colo.
 Barnes, Allen T., in Bloomington, May 21.
 Close, Charles F., in Los Angeles, Cal., May 29.
 Caldwell, W. S., in Freeport, June 7.
 Fishburn, Isaac P., in Orangeville.
 Frost, C. D., in Mount Vernon, June 5.
 Iden, Edgar H., in LeRoy, June 2.
 Jones, L. M., in Lick Creek, March 5.
 Koeberlin, Frederick, in Freeburg, April 8.
 Miller, A. J., in Paris, May 22.
 Nutt, Frederick L., in Marengo, May 23.
 Rogers, L. H., in Bloomington, June 3.
 Schott, Charles, in Troy, May 21.
 Woodbury, Richard R., in Danville.

CHANGES OF ADDRESS.

(Furnished by the State Board of Health.)
 CHANGES IN CHICAGO.
 Dixon, Winfield E., 4832 St. Lawrence avenue to 100 State street.

CHANGES FROM CHICAGO.
 Brown, Albert E., to Waukegan.
 Bushee, Grant B., to Cambridge.
 Boughton, Wm. T., to Canton, Mo.
 Bartz, Nicholas B., to Peoria.
 Brown, Lorinda G., to Rockford.
 Berninger, Adam I., to Oakwood.
 Curry, Thomas W., to Streator.
 Crooks, Wm., to Watertown.
 Davis, Ernest E., to Avon.
 Dryden, Wm. F., to Galva.
 Harvey, Frank P., to Dana.
 Hirsch, Samuel, to LaSalle.
 Hardt, Harry G., to Hospital.
 Hopkins, Samuel R., to Springfield.
 Harris, Wm. A., to Monee.
 Howe, O. Baxter, to Rockford.
 Krebs, Jacob, to Polo.
 Lockyer, C. Douglas, to Prairie View.
 McClanahan, H. S., to Russell.
 Mitchell, Paul S., to Hammond.
 Miller, Sumner M., to Peoria.
 Meath, August H., to Shabbona.
 McMurray, C. M., to Braidwood.
 O'Flaherty, A. E., to Syracuse.
 Ross, David D., to Peoria.
 Roe, Albert J., to Springfield.
 Stewart, Duncan F., to Havana.
 Sturm, Arthur B., to Elgin.
 Sloan, John F., to Peoria.
 Thompson, John D., to Adeline.
 Vaill, Elias J., to Elgin.
 White, Herman A., to St. Charles.
 Williams, Edward C., to Downs.
 Wilkins, John M., to Fairmount.

CHANGES TO CHICAGO.
 Brooks, H. J., Elgin to 100 State street.
 Beverly, C. A., Champaign, to 1925 North California avenue.
 Cozine, James R., Rock Island to 721 57th street.
 Estabrooke, Wm. A., Jerseyville to 577 1-2 La Salle avenue.
 Green, Edgar A., Herald to 206 Washington street.
 Kearney, Joseph M., Elgin to corner 45th and Wallace streets.

McMahan, J. P., Peoria to 6859 Wentworth avenue.
 Morgan, Mary E., Aledo to 230 Ewing street.
 Moore, Lewis A., Morrison to Presbyterian Hospital.
 North, Francis E., San Francisco, Cal., to 616 W. Monroe street.
 Reder, August R., Aurora to 209 Adams street.
 Sax, Isador, Crete to 269 Dearborn street.
 Silvers, Geo. M., Joliet to Inter Ocean building.
 Schultz, Chas. E., Colfax to 797 Wrightwood avenue.
 Wallace, Thos. A., Joliet to 7831 Muskegon avenue.

CHANGES FROM ILLINOIS.

Albright, Henry R., Toluca to —.
 Adams, Howard C., Hospital to Iowa.
 Allen, Walter H., Dunlap to —.
 Allen, Wilbur, Peoria to —.
 Arneson, Thomas, Winslow to —.
 Allen, T. E., East St. Louis to —.
 Brelsford, Jos., to East Land, Tex.
 Blackman, J. P., Hicks to Missouri.
 Blackmore, J. M., Mount Vernon to —.
 Boswell, Wm. H., Mount Vernon to Arkansas.
 Battles, Ellen C., Jerseyville to Texas.
 Bacon, David N., Tennessee to California.
 Bedard, Ulric A., Kankakee to France.
 Bevans, James L., Decatur to Alaska.
 Beckman, Peter W., Alton to Luzan, P. I.
 Bristol, E. L. M., Highland to —.
 Baerman, L. Alfred, Crystal Lake to —.
 Brigham, L. Ward, Maple Park to Rochester, Minn.
 Brengle, Daniel D., Jr., Bluffs to Perry, Okla.
 Burnett, Wm., Windsor to Kentucky.
 Ball, Jos. A., Rock Island to Stuart, Iowa.
 Bradbury, James T., Peoria to —.
 Burnside, Isaac M., Olney to Wyoming.
 Barnes, Abraham H., Girard to —.
 Barrows, Lorenzo P., Syracuse to N. Y.
 Booth, Thomas A., New Berlin to Philadelphia, Pa.
 Boyer, Wm. R., Mount Morris to Maurice, Io.
 Barnard, Oliver G., Fishhook to California.
 Burke, James A., Barry to San Antonio, Texas.
 Backus, John B., Braidwood to San Diego, Cal.
 Bryan, Ray W., Grayville to Louisville, Ky.
 Backhusen, H. R., Bloomington to Fort Wayne, Ind.
 Bushby, Alonzo L., Rockton to —.
 Coburn, John, Canton to Indian Territory.
 Crowley, John F., LaSalle to —.
 Calhoun, Zaccheus T., Carbondale to —.
 Cottrill, Thomas W., De Soto to Missouri.
 Claxon, Alvin W., Mount Vernon to St. Louis, Mo.
 Cannon, Jefferson S., Abingdon to Oklahoma.
 Chilson, Benj., Geneseo to —.
 Clark, Percival L., Elgin to Bristol, Conn.
 Chatham, A. T., Findlay to Missouri.
 Churchill, Haines R. H., Peoria to Albany, N. Y.
 Craig, Harvey A., Peoria to —.
 Conrad, Charles E., Calhoun to Missouri.
 Caldwell, Albert F., Jr., Alto Pass to —.
 Clark, Edwin L., Washington to Marion, Ind.
 Crooks, A. A., Morton to St. Louis, Mo.

Choisser, Charles, Eldorado to —.
 Cheatham, Richard H., Lexington to —.
 Cline, David M., Ellsworth to —.
 Cole, Vincent, Rockford to Seattle, Wash.
 Connell, Daniel R., Rockford to Beloit, Wis.
 Chase, Elbert J., Rossville to Michigan.
 Chaffin, Shadrack, Erie to California.
 De Veiling, J. D., Chebanse to Mississippi.
 Deane, Herbert C., Knoxville to Boone, Iowa.
 Dean, Thomas N., Meredosia to —.
 Diamantenberg, Noah, Peoria to —.
 Deatherage, Wm. W., Chatham to St. Louis, Mo.
 Donigan, James J., Riverton to —.
 Dilliard, Edmund, Stillman Valley to —.
 Downey, Charles E., Joliet to Evanston, Wyo.
 Dent, Jos. M., Mitchellsville to Missouri.
 Deaderick, Jacob S., East St. Louis to —.
 De Wolf, Frank L., East St. Louis to Wichita, Kan.
 Dreyer, H., St. Libory to St. Louis, Mo.
 Elliott, Taylor D., Vergennes to California.
 Earel, John W., Abingdon to Pond Creek, Okla.
 Enos, C. R., Jerseyville to Denver, Colo.
 Eastman, John R., Kewanee to —.
 Elder, Thomas A., Aurora to Ohio.
 Elsey, James R., Houston to Minnesota.
 Engle, Arthur L., Peoria to —.
 Erwin, Oliver P., Mendota to El Paso, Tex.
 Eads, Charles V., Arthur to Ambia, Ind.
 Earel, Albert N., Bloomington to Lincoln, Neb.
 Ensign, Herert D., Sterling to —.
 Fell, Elmer E., Lostant to Alaska.
 Fahnstock, Charles L., Aurora to Lincoln, Neb.
 Farrell, Wm. W., Peoria to —.
 Finch, L. E., Peoria to Pittsburg, Pa.
 Felts, Thomas O., DuBois to Iowa.
 Forden W. B., Springfield to —.
 Folsom, Ephraim M., Phillipstown to Boonville, Ind.
 French, Geo. W., Grayville to Kentucky.
 Gelch, E. A., Danforth to Texas.
 Gillingham, Wm. P., Maroa to —.
 Gaskill, Henry A., Collinsville to —.
 Gentry, Jackson G., Hillerman to —.
 Graves, B. C., Cerro Gordo to Oklahoma.
 Greeley, Liston Q., Waterman to Wisconsin.
 Grinstead, J. F., Springfield to St. Louis, Mo.
 George, C. M., Le Roy to —.
 Green, McQ., East St. Louis to —.
 Gilbert, John, Rockton to Tonkawa, Okla.
 Hession, Patrick J., Canton to —.
 Hiller, Robert B., Oraville to Oklahoma.
 Hannah, Hubert C., Galesburg to —.
 Hazard, Rinaldo P., Odin to —.
 Hutson, Ulysses, Grayfield to —.
 Howard, J. S., Elgin to Oswego, N. Y.
 Harper, J. Edward, Prairie Home to —.
 Holcomb, Harley, Toddspoint to —.
 Harris, Geo. F., Lynnville to —.
 Hess, David L., Hettick to Texas.
 Hunter, Jos. Medora to Clinton, Mo.
 Hopf, Albert, Mt. Olive to Missouri.
 Husk, Charles E., Shabbona to Santa Barbara, Mexico.
 Hare, Edgar T., Springfield to —.
 Holgate, Caroline, Wyoming to Missouri.
 Hardin, Edward L., Lovington to Oklahoma.
 Hart, Edson B., Bloomington to New York.

Hubbard, Silas, Hudson to East Aurora, N. Y.
 Hall, B. J., East St. Louis to —.
 Hasting, Wm. E., East St. Louis to Mount Vernon, Ind.
 Heely, D. C., Belleville to St. Louis, Mo.
 Hirschler, Daniel B., Summerfield to —.
 Hopkins, Elmer E., East St. Louis to —.
 Howell, Elmer E., East St. Louis to —.
 Humble, M. M., Summerfield to —.
 Hard, Hansan, Rossville to —.
 Hester, Robert F., Ridgefarm to Indiana.
 Jennings, Geo. N., Tonica to California.
 Jackson, Geo., Cary Station to Michigan.
 Jay, Palmer C., Elmwood to —.
 Johannes, Andreas, Peoria to Germany.
 Jeurink, John, Freeburg to Kansas.
 Jones, Daniel S., New Milford to Royal, Iowa.
 Kelly, A. W., Kewanee to —.
 Kelly, Arthur M., Atlanta to Kansas.
 King, Stephen J., Illinopolis to Eureka Springs, Ark.
 King, F. R., Keensburg to —.
 Lyons, Oliver, Dana to —.
 Langhorst, Fred H., Aurora to —.
 Lester, Frederick W., Aurora to David City, Neb.
 Lockwood, John S., New Canton to Jacksonville, Fla.
 Layton, Oliver M., Cameron to Wisconsin.
 Mudd, J. M., Lewiston to —.
 McClintock, Alexander W., Cissna Park to Whittier, Cal.
 Murchison, J. C., Etherley to —.
 Mills, Ernest M., Colchester to Iowa.
 Marshall, John S., Kankakee to —.
 Mitchell, J. W., Decatur to Lake Charles, La.
 Miller, Albion J., Crystal Lake to —.
 Miller, Albert L., Dixon to —.
 Myers, Priscilla G., Aurora to —.
 Matlack, James A., Chester to St. Louis, Mo.
 Miller, Benj. G., Rock Island to —.
 Miller, Thos. D., Ivy Landing to Joplin, Mo.
 Maple, John E., Peoria to California.
 Menefee, W. N., Monica to State Line, Ind.
 McIlwaine, Chas. E., Okawville to Louisville, Ky.
 McPherson, Finley, Hinckley to Missouri.
 Millard, Samuel R., Syracuse to —.
 May, Louis R., New Berlin to —.
 Maxwell, Geo. B., Haldane to Watonga, Okla.
 Mendenhall, A. L., Kings to San Diego, Cal.
 Minckler, Philo E., Forreton to Friendship, Wis.
 Mosher, Alanson, Pleasant Hill to Canton, Mo.
 McCullough, Robert G., Toulon to Providence, R. I.
 Martin, E. W., Morton to Iowa.
 Mulford, Edwin R., Mokena to La Crosse, Wis.
 Mayes, James W., Sullivan to Kinder, La.
 Miller, J. W., Wayne City to —.
 Miller, Samuel, East St. Louis to —.
 Mendenhall, P. W., Georgetown to Thornton, Ind.
 Mallory, Charles A., Sterling to —.
 Mills, Wm. H., Erie to —.
 Nuckolls, Lillian J., Lake Forest to —.
 Norman, John S., Bluford to —.
 Nicholson, Jos. T., Macon to Ohio.
 Nichols, Wm. T., Moline to —.
 Neitmann, Louis F., Harlem to —.

Nichols, F. A., Rossville to —.
 Otis, L. J., Aledo to Wheeling, W. Va.
 O'Malley, Charles A., Joliet to —.
 Perdue, Laban C., Table Grove to California.
 Pendell, Geo. D., Yates City to Geneva, Neb.
 Pogue, Mary E., Lincoln to Fond-du-Lac, Wis.
 Palmer, Chas. A., Geneva to —.
 Potter, Ward E., Peoria to —.
 Powell, Guy C., Peoria to Europe.
 Place, Milo, Springfield to —.
 Price, Jos. P., Pleasant Plains to —.
 Packson, Rachel S., Bloomington to Kayowa, Kan.
 Prossens, Willis V., East St. Louis to —.
 Pearson, Charles J., Morrison to —.
 Richards, Chas. H., Pittwood to —.
 Rice, E. E., Allison to Kentucky.
 Royce, W. T., Galesburg to Lamont, Okla.
 Reed, Isabel, Collinsville to —.
 Rice, George H., Sandoval to St. Louis, Mo.
 Rhoades, S. J., Metropolis City to Beaver Dam, Ky.
 Robbins, M. M., Aurora to Kelley's Lake, Wis.
 Robinson, Wm. W., Prairie du Rocher to Denver, Colo.
 Ready, James, Golconda to —.
 Robinson, Mary T., Pawnee to —.
 Rogers, L. P., Buffalo to Beatrice, Neb.
 Regnier, Frank E., Adeline to Atilissa, Io.
 Raines, Robert F., Creal Springs to Beaver City, Neb.
 Rutledge, J. E., Springerton to Missouri.
 Reynolds, Horace D., Bloomington to Nashville, Tenn.
 Roberts, C. H., East St. Louis to St. Louis, Mo.
 Romeiser, Theodore H., Belleville to New York, N. Y.
 Rannells, Winfield S., Hoopeston to —.
 Sterrett, Robert M., La Salle to New York, N. Y.
 Strucynski, L. J., Streator to —.
 Sedam, M. D., Galesburg to Detroit, Mich.
 Shastid, Thomas H., Galesburg to —.
 Shimer, Chester D., Galesburg to —.
 Smith, Charles B., Boody to Toledo, O.
 Spalding, John B., Decatur to Kenosha, Wis.
 Schussler, Hugh K., Alton to West Alton, Mo.
 Stearns, Leonard A., Alton to —.
 Smith, Jesse T., Akin to —.
 Schneider, Albert, Dixon to —.
 Smith, Newman W., Sublette to —.
 Smith, Gould, Pierson Station to —.
 Stith, Samuel, Topeka to Florida.
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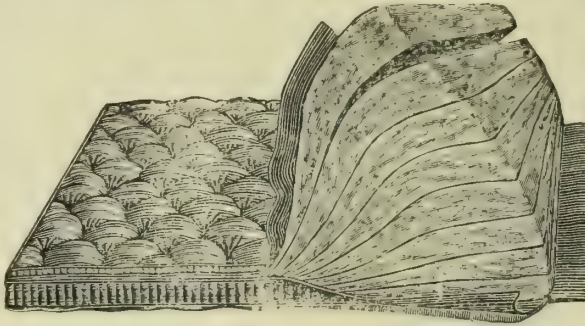
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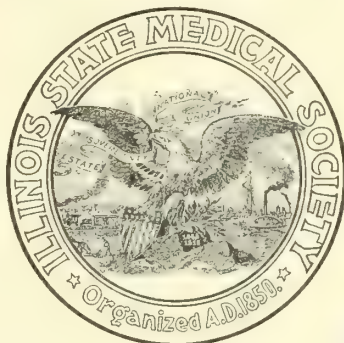
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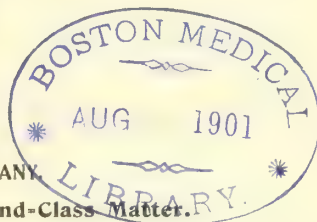


Monthly Under Direction
of the
Judicial Council.

Printed by

THE ILLINOIS STATE JOURNAL COMPANY.

Entered in the Springfield Postoffice as Second-Class Matter.



Volume LI.
New Series, Vol. III.
Number 3.

Springfield, Ill., August, 1901.

{ Subscription, \$3 a Year.
Single Copies, 25 Cents.

The Journal of the State Society is something every physician of
Illinois has reason to feel proud of.—Dr. E. F. Baker, Page 138.

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The Illinois Medical Journal.

The Official Organ of The Illinois State Medical Society.

VOL. LI.
New Series, Vol. III. }
No. 3.

Springfield, Ill., August, 1901.

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THE SO-CALLED TRAUMATIC NEUROSIS.*

BY HAROLD N. MOYER, M. D., CHICAGO.

In presenting the so-called traumatic neurosis I recognize that an immense amount has been written upon the subject and that there are widely varying opinions. Into the controversies of the last few years I shall not enter, excepting in so far as they serve as an introduction to the views that will be presented in this paper. I shall also not burden you with long accounts of clinical cases, but present a paper which is in the nature of conclusions based upon a study of over seven hundred examinations of cases presenting nervous troubles which were attributed by the individuals affected, to a trauma.

Traumatic neurosis is any deviation from the normal in the nervous system caused by violence. Thus a fracture of the humerus involving the musculospiral nerve is, strictly speaking, a traumatic neurosis. Of late, there has been an increasing tendency to restrict the term neurosis to those conditions of the nervous system not accompanied by appreciable alteration in the central nervous system, the symptoms of which are largely subjective and which do not ordinarily present the sensory and motor phenomena associated with organic changes. Hence, the term traumatic neurosis is, by common consent, largely restricted to cases of a functional character.

The term spinal concussion, as used by Erichsen nearly forty years ago, has served as a foundation for an extraordinary superstructure and one that has maintained itself decade after decade in spite of the advances in our knowledge of neural pathology. A description of the distinctions that were made between a spinal concussion

and the spinal concussion, the former referring to the immediate effects of a traumatism upon the spinal cord and the latter to a more or less prolonged departure from the general health which Erichsen attributed to a "molecular vibration" in the cord, and the controversies growing out of these, would fill volumes. Those who recognize the inherent difficulty in the use of such a term as spinal concussion, expressing as it did, two different ideas in pathology, sought to substitute another term. Clevenger proposed "Erichsen's disease," while Oppenheim used the term "traumatic neurosis," as applied to a more or less functional disturbance of the nervous system following trauma. Other writers substituted for the spinal concussion, railway spine, railway brain and other less euphonious and still more obscure terms.

An unfortunate element in many of these cases is the accompanying litigation. On the one hand, railway surgeons contend that traumatic neurosis is simply the subjective conception of the patient, injured in a railway accident, brought into court for the purpose of obtaining money from an already impoverished corporation. On the other side of these cases, the attending physician invoked that appalling entity, spinal concussion, with its molecular perturbations, altogether making a condition which would render the person sick, sore, and disabled as long as he lived. The physicians in the defense of these cases devised new terms, among which were litigation symptoms, to characterize the subjective statements which the patient made and which were said to entirely disappear under the revulsive action of a greenback plaster.

We may safely dismiss all such controversies as being quite valueless in advancing knowledge of the subject, and it is the purpose of this paper to endeavor to point out a few landmarks which may serve

*Read at the Fifty-first Annual Meeting of the Illinois State Medical Society, Peoria, May 21, 1901.

as guides in the study of a very obscure subject.

To arrive at a correct appreciation of these cases, one should at once dismiss the idea of traumatic neurosis, Erichsen's disease, or spinal concussion from their mind, particularly if these are held with the view that there is a certain functional trouble of the nervous system that is due to accident or violence and which can be recognized as such in the absence of a statement that the patient has sustained an injury. In the descriptions of Erichsen's disease, something like thirty symptoms, running all the way from tremor and increased reflexes to uneasiness in the neck muscles or pain in the back, are included. Some of these cases are clearly hysteria; others have a neurasthenic character; some are distinctly hypochondriac, and, perhaps, even a fourth group might be made comprised of the so-called litigation symptoms. If the symptomatology of Erichsen's disease is obscure, what shall be said of the pathology and prognosis, the latter especially being important in a litigated case? No one can tell the outcome of a case of Erichsen's disease, as the symptoms may vary from slight functional alteration to those which involve structural changes in the nervous system. The diagnosis, at best, whether we use the term traumatic neurosis, Erichsen's disease, or spinal concussion, is devoid of value in litigation; it does not define symptoms nor pathological changes, nor does it lead to a prognosis. Hence, unless it can be clearly shown that there is a definite symptom grouping which with fair constancy results from injury, these terms should all be abandoned. In the examination of a case, we should view the symptoms as a medical problem and endeavor to make a prognosis upon the same lines that we do in disease and changes of the nervous system not caused by traumatism.

That traumatism may cause disturbance in the central nervous system, scarcely admits of question; also, that it may be organic or functional, though the latter is by far the more frequent. The organic

disturbances of the nervous system may include any of the systematized or general degenerations of the brain and cord. Among our cases are several well defined spastic paraplegias. Whether tabes can be caused by traumatism, we are not so confident, but are sure that with the predisposing factor of syphilis, traumatism may act as an exciting cause. Of course, the grosser lesions, such as fracture, hemorrhage from ruptured blood vessels and pressure from the consequent hematoma, call for no extended description.

The functional group is by far the most important and the one which has caused all the controversy and has led to the effort to substitute various names for an actual study of the nervous conditions. That grave functional disturbance of the nervous system may result from accident or injury, is, to my mind, settled, and this, in the absence of fracture of the skull or dislocation of the spinal column. When, however, we discover these symptoms, we find that they naturally fall into certain groups—hysteric, neurasthenic, and hypochondriac. This is not to say that every case will present a pure type of one of these affections; there are often mixed cases in which one or other element may be more pronounced. So far as my experience goes, neurasthenia is by far the most common in those cases in which there was an absence of a previous history of nervous weakness or a marked hereditary element. Those cases which had in their previous history an hereditary or acquired nervous weakness, most frequently presented the hysteric type. Very few cases were clearly hypochondriacs, presenting the typical manifestations of that psychosis, and oftentimes with no other symptoms. I shall leave out of consideration the so-called litigation symptoms, which are, after all, mere cases of feigning, and which, as a group, have never merited the attention bestowed upon them. I am confident that there is no experienced clinician but is able to detect and give them their true value in the majority of instances. The confusion that has arisen regarding this sub-

ject is largely due to the terms which have been employed, and if we can divest ourselves of the ideas of a terrible malady which no one can understand, and which is liable to rest as an incubus upon the patient all his life, and which seems to have no definite symptomatology, pathology, or prognosis, and come to the study of this functional group with the idea that the symptoms naturally divide themselves into neurasthenic, hysteric, and hypochondriac, then we shall have cleared the ground of an immense amount of debris.

To those who have followed my argument so far, it will be apparent that I accept the view that traumatism is a not infrequent cause of functional disturbance of the nervous system, but that I do not recognize a special form as the result of such cause. You may well ask, what is the value of such a contention? It is simply that we bring to the study of these cases something tangible. The symptomatology of neurasthenia, its prognosis and treatment, have been well differentiated of late years. The same is true of hysteria and hypochondria. You may well ask, what is the difference between a traumatic hysteria or traumatic neurasthenia and traumatic neurosis? The difference is a most important one. A traumatic neurosis may mean anything from a grave involvement of the nervous system to forms so trivial as to be scarcely worth noticing, while in traumatic neurasthenia or traumatic hysteria, we are dealing with clearly marked divisions of the functional nervous diseases whose prognosis and treatment are well understood.

There is no difference between neurasthenia caused by traumatism and that due to autointoxication, or which follows the acute fevers. The essential feature in neurasthenia is that of undue fatigue upon slight exertion. I cannot understand a diagnosis of neurasthenia in which this symptom is absent. To be sure, it is one upon which the patient lays little stress; he significantly calls attention to the pain in the back or head or the peculiar sensations from which he suffers. In neuras-

thenia, what the patient describes as a pain, is usually not such—it is a distress or discomfort that is oftentimes harder to bear, as patients state, than a real pain.

Hysteria is rare without the element of heredity or previous well marked signs of disorder. Here we have the characteristic anesthesia, narrowing of the field of vision, the almost characteristic inversion of color perception, sudden attacks of amblyopia and the peculiar mental state of the patient, to guide us to a diagnosis.

In hypochondria we are dealing with a real psychosis, in which the subjective condition of the patient's health is the matter upon which he has delusions, or, at least, morbid introspections. A hypochondriac is never a malingerer, but his statements regarding his physical condition are the developments of a perverted mental state, just as are the delusions of poisoning or of persecution in melancholia and paranoia.

In the diagnosis of spinal concussion, too much importance has been attached to pain over the vertebrae. In some way, this symptom has come to be associated with an intangible change in the spinal cord or alteration in its circulation. There is no evidence in support of such a view. In all organic diseases of the spinal cord, even including myelitis and tumor, we find that pain over the vertebral spines either on pressure or spontaneously, is exceptional, and yet this symptom has largely served as a foundation for the traumatic neuroses. A moment's thought will show one that the innervation of the skin over the spinal column is not different from those of other parts of the body. It is supplied by mixed nerves, and these are, in every sense, quite as peripheral as are the nerves of the extremities or other parts distant from the column. There is not a whit more reason to think that tenderness over one of the dorsal vertebrae is indicative of disease of the spinal cord, than is pain along one of the intercostal nerves, or in the termination of the ulnar. These spinal pains are, in the majority of cases, a fatigue symptom of neurasthenia; next to the

heart muscle and the muscles of respiration, the erector spinae are the most constantly used muscles in the body, and, naturally, they are first subject to fatigue. Except when the body is lying prone on a perfectly flat surface, these muscles are always in action.

Another point in reference to spinal pain, which I think has never received the attention it deserves, is the fact that contusions and sprains of the articulations of the spine are an important source of pain. When one thinks of the damage that may be done to a knee joint by a simple concussion—the accumulation of fluid and the formation of adhesions in the synovial sac, together with the long train of symptoms that will result from it—we must conclude that a similar process is easily set up in the more than fifty articulations which compose the spinal column, lined each by a synovial membrane, and in which adhesions and pathological changes cannot be demonstrated clinically because of the smallness of the articulations and their deep situation.

Discussion.

Dr. M. L. Harris, of Chicago. Mr. President: I did not intend to make any remarks on this paper, but I would like to commend it as a very lucid explanation of the subject under discussion. Every case of this kind that comes either to the physician or surgeon is first and foremost a case for diagnosis, and it should be diagnosed without regard to or without consideration of, the fact that the patient has sustained a trauma. The first aim of the physician or surgeon should be to determine what is the matter with the patient. After this point is determined, then the trauma may come before him for the purpose of determining, if possible, whether the trauma had anything to do with the causation of the patient's disease. It is much harder to determine this point than the question of diagnosis. I venture to say that the diagnosis can almost always be made of the disease or condition from which the patient is suffering, but to determine how much influence the trauma has had, if it has had any, in the production of the symptoms is entirely a different matter.

The division of the cases into three classes made by Dr. Moyer—neurasthenics, hysterics and hypochondriacs—is perfectly correct.

We have one feature in these cases which I know Dr. Moyer fully appreciates, but did not bring out, and that is exaggeration or a direct attempt to deceive, but an exaggeration brought about by the circumstances surrounding the trauma and the litigation. A serious aspect is

put upon the average case in a large percentage of cases, due entirely to the statements made to the patient by the physician and his attorney. This is one of the greatest elements in these cases that we have to deal with, and were it not for the statements made to the patient by the physician and his attorney, many of the exaggerated symptoms of which patients complain would never be heard of. I would attribute, therefore, the difficulty in handling these patients, and often the seriousness or gravity of the prognosis regarding their recovery, as due to misrepresentations to the patient on the part of the physician and attorney. These misrepresentations are not always wilful, but they come out of a misunderstanding of the true nature of the case. There is a tendency on the part of the attorney by his statements to the patient to magnify or exaggerate the symptoms, and it is difficult for the physician to guard against this, and I have no doubt that it interferes with the course of recovery in many of these cases.

THE HOME TREATMENT OF TUBERCULOSIS.*

BY ROBT. H. BABCOCK, M. D., CHICAGO.

There is no subject in the domain of therapy that is of greater interest and importance than the treatment of pulmonary tuberculosis. This applies to the rural as well as to the city practitioner, for physicians from the interior of Illinois have assured me that in their section consumption is not only frightfully prevalent but seems to be on the increase. The family doctor encounters this disease on all sides, and I venture to assert that in undertaking its treatment he is as a rule hopeless of obtaining satisfactory results. Why is this? Is it because the disease is incurable, or is it because he begins treatment in a wrong and half-hearted way? The real reason for this hopelessness on the part of the practitioner, as it seems to me, lies in the fact that he depends too much on medicinal therapy. I venture to state again that if most physicians were asked what they are in the habit of prescribing for their tuberculosis patients, they would answer, tonics and cough mixtures, by which they mean iron, strychnine, hypophosphites and cod liver oil, creosote or guaiacol, muriate of ammonia and ipecac with codein in

*Read at the Fifty-first Annual Meeting of the Illinois State Medical Society, Peoria, May 21, 1901.

some expectorant syrup as tolu or wild cherry bark. Of course, they will also say that they try to get the patient to eat plenty of food and take plenty of fresh air. In some instances we find that the doctor claims to get good results from some special medication as inhalations of one sort and another, or from injections of some proprietary serum or other vaunted antibacillary remedy. The journals teem with reports of gratifying improvements and a few arrests from the use of some new agent, which fact serves but to confirm the truth of the statement that we possess no specific and certain cure for pulmonary tuberculosis. This should not beget a spirit of hopelessness or nihilism regarding the treatment of this disease; it should make us determined to combat it in the most approved manner. I do not come before you to advocate anything new or on the assumption that I am to enlighten you upon something of which you are ignorant. Not at all, I desire only to convince any who may be skeptical that it is possible in the consumptive's home to carry out effectually the plan of management which is nowadays so successfully employed in the best sanatoria in this country and in Europe. Those who have given this subject the most attention and have come to be recognized as masters in this field of medical work, may be said to be a unit on the following points:

First. The most successful treatment of pulmonary tuberculosis lies not in the use of medical agencies, but in the hygiene of the patient's daily life. Second. This includes (A) the building up of tissue resistance by superalimentation; (B) a continuous or as nearly as possible continuous sojourn in the open air under conditions that are determined by the patient's temperature; (C) hydrotherapy, and (D) the careful and methodical regulation of the patient's daily life. Third. Although these requirements can be best secured in a sanatorium, they can be obtained at the patient's home regardless of the climatic conditions there prevailing.

I do not intend to argue in favor of the

first proposition, since the results obtained in properly conducted sanatoria furnish the strongest arguments in its favor. In 1893 Detweiler of Falkenstein, Germany, told me that at his institution he obtained cures in 24 to 27 per cent of all cases, by which he meant in all stages. In incipient tuberculosis the percentage of recovery is very much greater, running to 75 or 80 per cent, and I am not sure but not higher. It would be grossly inaccurate to state that at sanatoria no medication is employed, but when used it is mainly or exclusively to meet special indications and always subordinate to the hygienic management, care being taken that medicaments shall not interfere with appetite and indigestion.

All physicians recognize the necessity of improving the patient's nutrition, but the difficulty they encounter is in making him take nourishment enough and in outlining the proper kind of a diet. The essentials are first, food at short intervals, secondly, food that is easily digested and assimilated, and thirdly, food that is the most nutritious in the smallest bulk. Accordingly, patients should take nourishment from 5 to 7 times a day, that is, they should have luncheons between meals and during the night in many cases. This is necessary because most tuberculous invalids eat but a small amount at a time. Yet even when the ability to eat heartily is retained, the interval of 5 to 6 hours between meals should be broken by a light luncheon. The second and third requirements are found in good fresh milk, eggs, preferably raw, and in all forms of meat properly cooked. Cream and butter are also essential, as are poultry, game, fish, etc., for the sake largely of variety. Vegetables, bread and fruits may be permitted sparingly that the more highly nutritious dietary may not become too monotonous. Specially prepared and concentrated foods are to be given only, in my opinion, when it is not possible to nourish sufficiently without them. I have obtained my best results by the use of milk and raw eggs, as follows: The patient is ordered to drink

a glass of heated milk, but not boiled, the first thing after awakening in the morning, and thereafter every two hours during the day up to his going to sleep at night, regardless of his meals. In this manner 7 to 8 glassfulls or about 2 quarts are disposed of daily. If the appetite is so poor that the patient is said to eat nothing, I insist upon this hot milk and absolutely nothing else for the first one, two or three days, and I generally find that before the second day has passed he is ready and anxious for substantial food. I then allow him raw eggs and gradually bring him to solid food in regularly ordered meals, keeping up the milk and eggs. In early cases and those in which the appetite is sufficient to admit of a continuance of regular meals from the start, milk is ordered in the manner indicated and when possible it is also taken with the meals, so that not less than 2 and still better 3 quarts are drunk daily. In addition the patient is emphatically told he must take raw eggs, beginning with one after each meal and increasing one daily until as many as possible are consumed. I have known a good many patients to thus take 12 and even 15 raw eggs daily, besides three quarts of milk and three regular meals. I prefer to have the eggs dropped into a glass, sprinkled with a little salt or covered with a little sherry wine or almost anything else that is preferred and then swallowed as one would a raw oyster. If this is impossible the egg is then allowed to be taken beaten up with milk, cream or wine; but taken, the raw eggs must be, in some form or other and up to the limit of the patient's possibility. In addition it is insisted upon that fresh meat shall be eaten with every meal, or at least twice a day, as well as other articles of food. Every time I see the patient he is required to give me an accurate and detailed account of what and how much he is eating, and of how much he weighs. In this way I am gratified and really astonished to find how many are able to stuff themselves in this fashion. In most instances it is found that instead of the appetite being destroyed, it

improves with the gain in nutrition. It is not uncommon for a gain of 2 to 3 pounds in weight to be made every week for several months. One young man on three good meals, 15 raw eggs and 3 quarts of milk daily gained 28 pounds from November 29th to the next first of February, and lost all his symptoms of incipient tuberculosis of the left apex. Of course in many cases one is compelled to suggest variety, if this forced feeding is to be kept up, but I wish to say emphatically that it is possible in nearly all cases, particularly early cases, to crowd the nourishment, if one will be determined and rigid in his determination, not listening to the patient's assertions that he cannot eat so much. In no disease is determination so required.

The second condition essential to the successful management of this scourge is the daily, I might say, continuous sojourn in the open air. It was once thought that consumptives should exercise out of doors without regards to their temperature, but we now know that exercise is to be only permitted when they are free from fever and a febrile reaction does not follow exercise. Or to put it in another way, the tuberculous should remain at absolute physical rest in the open air so long as he has a temperature above 99 F., or so long as his temperature is found after exercise to be a degree or more higher than it was before the exercise. Most tuberculous individuals present an abnormally high temperature at the time they seek medical aid. In incipient disease this ranges between 99.5 and 100.5, while in the very active form or in mixed infection it ranges still higher. Consequently they should be emphatically told they must spend their entire day out of doors, but in a state of complete physical inactivity. This is to be insisted upon not only in pleasant weather, but in practically all weather and all seasons. That this open air life may be enjoyed without danger of likelihood of the patient becoming chilled or without undue exposure to wind and rain, a porch is screened off by canvas curtains or a rough shed or suitable tent is to be

erected in the yard, so that by lowering the curtains on the side toward the wind or rain the patient may be protected. At the same time he is to be provided with wraps and blankets with which to cover himself in case he feels chilly. If so feeble that he is confined to his couch an attendant should be at hand who may cover him up, produce friction of the extremities or supply hot bottles if necessary. For in carrying out this open air treatment successfully it is absolutely necessary to protect the invalid against taking cold. At German sanatoria e. g. patients are kept out doors winter and summer and in windy, rainy and even snowy weather. I know a physician whose wife slept on her perch every night for an entire year, even when the thermometer registered 3 degrees below zero. In this instance she was provided with a warm mask that left only the eyes, nostrils and mouth exposed, while an electric warming pan was placed in the bed. Even in our severe climate it is possible by sheltering a porch or constructing a shed on the south side of the house and by putting a small stove near by, to keep a patient in the open air during most of our winter days. If the individual sleeps in his bedroom in the house, then this should be the largest and sunniest apartment and its windows should be kept open all day. Even at night at least one window is to be open, and by means of a stove or fireplace and screens the patient can be kept comfortably warm. Time forbids further details, and these must be left to the ingenuity of the attending physician. The advantages of this climatic treatment at home are numerous and readily appreciated by all. I can only mention its beneficial effect upon fever and appetite. There is no antipyretic so suitable and efficient as fresh, cool air, and I have over and over again observed a pronounced reduction of the temperature under no other treatment. Coincidentally with the fall of fever the appetite and digestion generally improve, and there is usually a lessening of the cough and expectoration. I have also been impressed with

the effect on the patient in other ways. Whereas previous to this plan of treatment he had been afraid to venture out lest he take cold, he soon learns to so like the open air that he dreads going into the house. So soon as his temperature which, by the way, should be taken and recorded four times daily, is observed to remain persistently below 99, the patient may be permitted to try the effect of walking for five minutes, his temperature being taken immediately before and after the exercise. If this is found to go up a degree or more, rest is again to be insisted upon, and exercise is finally to be permitted only when it is found not to unfavorably affect the body heat. Of course all other contraindications, as aggravation of the cough, undue acceleration of the pulse, loss of weight, etc., are also considered in deciding this matter of exercise.

But I must pass on to the third condition, namely, hydrotherapy. This is also highly important, since it stimulates the nervous system, improves cutaneous circulation and acts as a general invigorator and renders the person less sensitive to changes of atmospheric temperature. Beginning as a sponge bath with tepid water given by a nurse and followed by vigorous friction, it should be gradually made more and more severe, until at length the invalid can endure a shower bath of cold water or the so-called "pail douche." Properly given these morning baths become in time a positive physical pleasure to the consumptive. The one essential condition is that it will always be succeeded by a good reaction. If this does not take place, you may depend upon it that the hydrotherapy is not properly carried out. I never permit this portion of the treatment to be omitted, and I cannot now recall an instance in which it was not possible to employ the morning bath.

Lastly, the daily regime must be faithfully and systematically persevered in. Therefore, the medical attendant should see his patient sufficiently often to keep control of him, and at each visit he must go over in detail all the requirements that he

may thus compel exact and methodical obedience and carrying out of all orders. To this end it is generally necessary also to instruct and watch the mother or nurse, for if the physician is to obtain satisfactory results he must have a good helper who is alive to the necessity of perfect regularity.

That it is possible to carry out this regime effectively at homes is well illustrated by the case of a young lady whom I saw last August. She resided in an Indiana town and when seen by me had passed beyond the incipient stage. Her temperature was 102 F., cough was frequent and the sputum was purulent and abundant. She had no appetite and was rapidly losing weight and strength. The upper half of the right lung was dull, filled with moist rales and a small cavity had formed in the infra-clavicular region. Both she and her parents were told plainly that her condition was very serious, but at the same time hope of improvement was held out. Considerable time was taken in explaining the advantages and method of the open air treatment at home. There was a good sized porch on the north side of the house and by means of curtains this was screened off on the three open sides in such a manner that at all times she could be protected from much wind or from rain. Here she passed her entire days in absolute physical repose. She was put upon the milk and raw eggs diet and as time went on, solid food was added, and she always received her morning bath. All the medicine she received was strychnine, pepsin and pancreatin, a twelfth of a grain of heroin when required to control but not suppress the cough, and occasional small dose of calomel. In six weeks she had gained 11 pounds and by November about sixteen. Her cough and expectoration lessened gradually, and in less than three months her temperature had become permanently reduced to 99 or less and a little exercise was permitted. After the first three weeks she was able to dispose of 2 quarts of milk and 15 raw eggs daily besides three regular meals. Towards the end of November the weather grew inclement,

and as I feared I could not maintain control of her living at a distance from me, I decided to send her to Colorado. In the beginning this would have been ill advised, but in the light of her gratifying improvement I believed the change would prove beneficial. The result has amply justified my decision, for I am informed that her gain has been steady and pronounced. This patient is expected to make a recovery. I need only add that the nature of this case was proven by the discovery of numerous bacilli. Did time permit I could narrate numerous cases all going to prove the correctness of the third proposition, that when properly carried out this home treatment yields results that compare favorably with those obtained at sanatoria.

Discussion.

Dr. Harold N. Moyer, Chicago: Mr. President. I would like to add a word or two to the admirable paper of Dr. Babcock. I wish to describe a case of tuberculosis, the only one I have treated in the last fifteen years, which illustrates forcibly the points brought out by the essayist.

A boy, sixteen year of age, living in restricted quarters in the upper flat of one of our large apartment buildings, came under my observation the middle of last winter. Tuberculosis began the year previously from which he had partially recovered. Last winter it began with renewed energy, so that the boy in a comparatively short time lost eighteen pounds in weight. The left lung was consolidated from the apex to two or three inches below the clavicle. The apex of the right lung was also involved. His sputum was purulent, abundant, contained a large number of tubercle bacilli, and his temperature was 103°. I explained to his mother that the only possible hope for the boy was in the open air treatment, and I told her that it was unwise for her to send him away in his then condition. She put him in a small room, after having taken out both windows, removing the sash. On the day the boy was put in this room the temperature outside fell to eighteen below zero, and in the room occupied by the boy the thermometer registered twelve below zero. It was the first night for weeks that he did not have a night sweat. The following morning he ate a large quantity of all sorts of food, including five or six fried eggs. To make a long story short, at the end of the third day his temperature was normal; at the end of ten days he was walking about, and had so much improved at the end of two weeks that he went to Northern Indiana to a farm owned by his relatives, where the same treatment was continued. A few months later an examina-

tion showed that both lungs had entirely cleared up. There was no more sputum to examine, and I advised him to go west and try to live an outdoor life, and not attempt to follow any employment in this climate. A few weeks ago I heard from the physician who examined him, and he stated that he was practically well. No drugs of any kind were administered.

Dr. Babcock (closing the discussion:) I wish to add one point which I left out in my paper, and that is, in carrying out the open air treatment it is very essential that the patient be not allowed to take cold. Therefore, when the patient is in physical repose upon a porch or in the yard, he should have plenty of robes and blankets near him, so that in case he feels a chill, he may cover himself up and thus establish reaction. An attendant or nurse should be constantly at hand to cover him up, if he becomes chilled to produce friction of the surface, or place hot bottles about him. In this manner, it is perfectly possible, as I have said before, to keep feeble patients out-of-doors during the entire day, and even when the weather is inclement. In the German sanatoria patients are kept out-of-doors in winter and summer, during windy and rainy, or even during snowy weather. It is in the early cases that this treatment is the most successful, but I assure you, if any of you will once give it a good trial, with an intelligent patient and an intelligent member of the family to help you carry it out, you will throw away your drugs and depend upon the open air treatment of tuberculosis.

THE INOCULATION THEORY OF MALARIAL FEVER THROUGH THE AGENCY OF MOSQUITOES.*

BY S. E. MUNSON, M. D., SPRINGFIELD.

The investigation and scientific work which have led up to our present knowledge of the inoculation of malarial fever from man to man through the agency of the mosquito, although of very recent date, its conception dates back through a period of many years.

By some it is stated that Roman writers suggested the role of the mosquito at a time dating back to the Christian era. In 1807 Crawford published a paper on the "Mosquito Origin of Malarial Fever." Before Laveran's original discovery of the parasite became generally known, an American physician, Dr. A. F. A. King of Washington, propounded the idea that ma-

laria is transmitted by mosquitoes. His paper, read before the Philosophical Society of Washington, was a masterly one, and summarized in an admirable way the arguments favoring such a theory; and the long-delayed proof now comes as a triumphant vindication of the views of this eminent American physician, views which were at first received with general incredulity. To Patrick Manson more than any other should probably be accredited the fundamental work, upon which Ronald Ross began his investigations, which culminated in the present well recognized theory of malaria. The "mosquito theory" as it has been called, has met strong opposition on the part of conservative physicians and laymen. The point is often made by such persons that malaria exists in localities where there are no mosquitoes, and, stupidly enough, that mosquitoes exist in numbers where there is no malaria. All opposition, however, has been forcibly met, and the consensus of expert opinion is now united in the conclusion not only that the agency of mosquitoes of the genus *Anopheles* is the only demonstrated method of the transmission of malaria, but that it is, perhaps even probably, and some say certainly, the only method by which the disease enters the human body.

In order to clearly understand the manner in which the *Plasmodia* take up their abode in the mosquito as an intermediary host, it will be necessary to briefly explain the life cycle of the malarial germ.

"If a drop of blood is taken from a person recently infected with malaria, some of the red blood-corpuscles will be found to contain very minute, shapeless bodies in which a central spot, or nucleus, can with difficulty be demonstrated. These little bodies, of which usually but one will be found in each blood-corpuscle, are unicellular, and resemble the low forms of life known as amoebae. In this stage the malarial parasite is known as the amoebula. Each of these amoebulae grows rapidly, absorbing and digesting the red coloring-matter of the red blood-corpuscle, and gradually showing in its interior certain

*Read at the Fifty-first Annual Meeting of the Illinois State Medical Society, Peoria, May 21, 1901.

excessively minute dark-colored spots, called pigment-spots, which represent the digested red coloring-matter. In the course of a few hours the amoebula will have grown so that it occupies the entire interior of the blood-corpuscles. Then, with some of them, the nucleus begins to divide and to subdivide, each subdivision gathering around itself a certain amount of protoplasm, and eventually the entire interior of the blood-corpuscle is filled with a group of spores instead of a simple, large, unicellular body. Then the corpuscle breaks, and these spores are liberated into the blood-serum. Such of the malarial parasites as undergo these developments are called sporocysts, and from a single infection the spores of all of the sporocysts are liberated with great uniformity at about the same time. The liberation of this mass of spores into the blood-serum causes a profound disturbance to the system of the patient, and the malarial fever immediately begins. This development of the form of the parasite known as sporocysts may continue indefinitely within the human body. We have seen, however, that not all of the parasites develop into sporocysts. Some of them grow and fill the blood-corpuscles, forming pigment-spots in their interior, but develop no further. They die, and their remains, together with the remains of the blood-corpuscle which they inhabited, are devoured by the white corpuscles of the blood. If, however, the blood is taken from the human body and put upon the microscope-slide for study, or if it be sucked out by a mosquito, and presumably by any other insect, those parasites which do not make spores in the human body immediately begin a further and different development. Some at once give out long, slender arms or filaments, or flagella, as they are called, and this phenomena is known as flagellation. Others swell somewhat, but do not give out these thread-like arms. This is the true sexual generation of the parasite, the ones with thread-like arms representing the male sex, and the others the female sex. The filaments, or flagella, detach themselves from the parasite from

which they have arisen, seek the female bodies, and fuse with them.

On the microscopic-slide, in the bodies of most mosquitoes and other blood-sucking insects, no further development takes place, but in the stomach of the mosquitoes of the genus *Anopheles* an extraordinary thing happens. These fertilized female parasites, which have been called zygotes, immediately work their way through the mucous membrane of the stomach, and station themselves just within the outer, muscular stomach-wall. Here they begin to grow rapidly, until they reach a size five times larger than their original dimensions. Certain clear, round spots begin to be seen upon them, and around these spots, which are known as centromeres, are rapidly formed excessively minute, dark, linear structures, looking like little, black, wavy lines, which, however, when excessively magnified, are seen to be slender, independent, spindle-shaped cells. These form about the centromeres in enormous numbers until the entire zygote is packed with them, and the centromeres disappear. Then the capsule breaks through the muscular wall of the stomach, and the innumerable numbers of these little, spindle-shaped cells, known as blasts, swim out into the body of the mosquito. Thence they find their way into the cells of the salivary gland and down into the salivary duct, whence they enter the proboscis of the mosquito, and, through this, the blood of the next human being which is bitten by the mosquito. The secretions of the salivary glands form the irritating poison which is inserted by the mosquito into the wound at the time it punctures the skin. Thus, in the form of these blasts, the parasite returns to the blood of the human being; the blasts enter the red corpuscles and become amoebulae once more in the condition in which we began this description."¹

"All told, about 150 species of mosquitoes have been described. The natural food of this insect is probably the juice of plants, the sucking of blood being an acquired taste. They only forage for food

within a short range of their natural habitat. How long the adult insect can live under the most favorable circumstances is not known. One writer says that the impregnated female may survive the winter, feeding in sheltered spots, such as barns, cellars and outhouses. It is stated by authors on this subject that the eggs of the mosquito are deposited by the female in a delicate boat-shaped mass on the surface of the water. These are packed side by side with the smaller end uppermost, forming a concave mass that floats readily. They hatch within a few days, and within a period of from three to four weeks develop into the full-grown insect. Several broods are hatched each season, about 300 eggs being deposited. Frequently—but not always—the female dies after depositing the eggs. The larvae of *Anopheles* are not found in buckets of stagnant water around the house, in wells, cisterns, and drains, or in artificial collections of water, but are only found in natural ponds or puddles, such as persist after heavy rains. They have been found in puddles between rocks, in rice-fields and between the rows of growing grain. Fish devour the larvae with avidity, hence they are seldom found in lakes or ponds where fish are present.”²

The *Anopheles* is a distinctly rural mosquito. In searching for the adults, Ross usually found them around stables and cattle barns. It is stated by “Celli” that the malaria bearing-*anopheles* make no noise and is less annoying than other varieties of mosquitoes, but can pierce the toughest skin, and sting a number of persons in a single night.

Last May it was reported that the British government was about to inaugurate an interesting experiment by building a hut in the most pestilential spot of the malarial Roman Campagna, make it mosquito proof with screens and have two medical experts live there during the unhealthy season of May to October. If these persons did not acquire malaria it would prove that it is avoidable with proper precautions. As a further proof, they propose to breed the malaria-bearing mosquitoes, feed them

on infected individuals, and then transport them to England, and have them inoculate individuals who have never been otherwise exposed. In the London letter to the Journal of the American Medical Association, mention is made of this experiment of the British government. The part played by mosquitoes in the transmission of malaria is now being very actively investigated. The recent exceedingly dramatic attempt to prove Dr. Manson’s theory has been so far successful. Drs. Sambon and Love, of the London School of Tropical Medicine, have now lived in a mosquito-proof tent, in the fever-stricken Roman Campagna from the early part of July up till September 21, without contracting malaria. What may be called a complimentary proof of the mosquito theory is equally satisfactory. Mr. P. T. Manson, son of Dr. Manson, has allowed himself to be made the subject of experiment—to be bitten by mosquitoes sent from Rome to London, which had been fed on a patient with a double benign quartan infection. Mr. Manson was bitten on August 29 and 31 and on September 2, 4, 10 and 12. On September 13 he had a feeling of languor and felt chilly, which symptoms were followed by headache, pains in the bones and a temperature of 101.4. The usual symptoms of tertian fever developed and the spleen became enlarged. Tertian parasites were found in his blood. Under quinine he recovered. From the same source it was reported to the Journal, the experiments of Drs. Sambon and Low of the London School of Tropical Medicine, had been completely successful, and they had returned home in good health. It may be remembered that in order to prove the mosquito theory of malaria they volunteered to live for some months in a specially constructed mosquito-proof hut in the worst part of the fever-stricken Campagna. The requisite arrangements were carried out by the British Colonial Office. At first they were laughed at by the sceptical peasantry, who said that the “Inglesi” were healthy because they had no work to do. The doctors then

went out and toiled as day laborers, getting soaked with swamp water and broiled in the sun. Then the conjecture was: "It is because the ground is not broken up about the hut." They dug up the reeking soil. Finally it was said: "You do not drink ordinary water." At considerable risk of other maladies they did so. But when the mission returned, a crowd surrounded them and begged to be protected or cured; incredulity was at an end. As a result of the success of the experiment Professor Grassi has undertaken to banish malaria from Italy.

He proposes, with the assistance of the government, to isolate all fever patients and to protect all dwellings in malaria districts with mosquito-proof netting. A description of the hut in which Drs. Samborn and Low resided is very interesting. The hut is situated in probably the most malarious spot in the whole Campagna, practically on the banks of one of the main canals which in September is literally swarming with *Anopheles clavigor*. The days were spent in scientific work and in entertaining eminent scientists and other visitors. The resident party turned indoors before six o'clock, at which time the door was locked and no one allowed to enter. The *Anopheles* would appear outside as regularly as clock work. They do not bite in the daytime. The windows were wide open all night, so that marsh air came in freely, but in spite of that, in spite of their being out constantly in the daytime, and getting soaked to the skin in the rainy season, no one of the party contracted malaria. The peasants of the Campagna and the inhabitants of Ostia were practically down with it, and the picture of woe and misery.

"Dr. Koch, in charge of the German malarial expedition in German New Guinea, in a report of his investigations says: That among 217 natives examined, he was unable to find a single case of malarial infection in the 154 who were over ten years of age, and only four between the ages of five and ten. But 80 to 100 per cent of the children under two were affected, and

over 40 per cent of those between two and five. The only means, therefore, of establishing the absence of malaria at a place is investigation as to the children. He says that 125 Chinese died out of 273 brought from Hong Kong in 1898, the majority from malaria, while many of the survivors are still under the influence of the infection. He concludes by stating that if his assumption is correct, that malaria is restricted to man, then it will prove possible, by exterminating the parasite in man to cut the life thread of malaria, as it were, and accomplish its gradual disappearance."³

France has a similar commission for the study of malaria, in charge of Laveran, which has been sent to Algeria to study the question of transmission of malaria by mosquitoes, and prophylactic measures. This committee, which was appointed by the Academy of Medicine, has drawn up a circular of instructions for the use of physicians and travelers in malarial countries. The circular reiterates that neither the water, the soil, nor the air is directly the source of malarial contagion, and that the mosquito does not transmit the malarial germ to its young. Among the questions still pressing for solution are the age at which the system becomes accustomed to the malarial infection and what type of fever determines it most absolutely. What becomes of the malarial germs inoculated in an immunized or "accustomed" individual? Do they propagate in the blood in this case or not?

The usual breeding places in different parts of the city are drains, cisterns and puddles, etc. A method which has been adopted for the destruction of the larvae is by the means of petroleum placed in the breeding grounds twice a month. The mosquitoes were destroyed in shops by means of chlorine and in houses by means of other culicides.

Thayer, of Baltimore, says: The importance to the community of insisting upon the proper treatment of all cases of malaria cannot be too strongly emphasized, for an infected patient in a malarious district is a source of danger to those about

him. Before we can attempt, however, to carry out intelligently measures to destroy the mosquitoes we must first determine definitely the dangerous species of mosquitoes in this country, and must study their distribution, their habits and their breeding-places.

I find the following in my notes, taken from a course on malaria while in Vienna. It is impossible to make an artificial culture of plasmodia malaria, but by injecting malarial blood into healthy individuals, we not only produce malaria but the same type.

I have not found very much literature upon this point that would prove or disprove such a theory. Dr. F. M. Jeffries reported a case in the New York Pathological Society, of a surgeon, where there had been no reasonable opportunity, to become infected with malaria, that did a vaginal hysterectomy on a patient, who the next day had a distinct and marked malarial chill. This patient was from North Carolina, and had previously had frequent attacks of malaria. The next two days she had chills, when quinine was given, the chills ceased. At the time of the chill examination had shown no evidence of infection. During the operation referred to the surgeon had pricked his finger several times. On October 4th, or sixteen days after the operation, the surgeon had his first chill. This had been followed by several others, each attack lasting for four or five days. On November 24th, or just prior to one of the paroxysms, the speaker had examined his blood and had found the plasmodium malariae in great abundance. It was of the variety known as the aestivo-autumnal—a variety not commonly met with in this locality except in those who have had it previous to coming here. The evidence presented by this history certainly led one at least to suspect very strongly that the surgeon had become infected with malaria by wound infection. Specimens of the blood were exhibited under the microscope.

I wish here to speak of the clinical forms of malaria, as distinguished from the varie-

ties of plasmodia. The clinical forms are the quotidian, tertian and quartan. Clinical forms (a) Quotidian fever is never produced by a parasite of its own. It is either a double infection of tertian or a triple infection of quartan types. The two generations differ in that one generation is twenty-four hours younger than the other. We find in the blood two different stages of development—young ones containing vacuole and the developed ones in the stage of sporation.

(b) Tertian fever requires forty-eight hours for its development.

(c) Quartan fever is produced by the quartan parasite. Its development requires seventy-two hours. This type of fever has never been observed.

Severe or irregular types are due to a mixed infection. These types of fever often cease after having been present for months without any medicine. A relapse often occurs without a new infection months after the last fever, even in a country in which malaria has never been observed.

Three varieties of the plasmodium malaria have been described, namely, the tertian, quartan and estivo-autumnal parasites. An infection from any one of these three parasites will produce the various clinical forms of malaria which have been described.

The estivo-autumnal parasite cannot be studied so thoroughly in the peripheral circulation, because the latter development and segmentation takes place in the internal organs. The cycle of development is not definitely settled, but is about twenty-four hours. The full-grown organ is smaller than the tertian, and the corpuscle which contains it is often smaller than normal, and more or less distorted, with a crenated appearance. After the fever has lasted about a week crescent-shaped bodies make their appearance. These bodies are not a result of segmentation, but appear to be a further development of the normal hyaline bodies. They contain granules of coarse pigment in the center.

Prophylaxis and Treatment: In the

treatment of aestivo-autumnal fever, J. Preston Maxwell says, in the *Journal of Tropical Medicine*, February, 1900, that this form of fever is much more refractory to the action of quinine than benign malaria, yet the prompt use of quinine by subcutaneous injection at the beginning of an aestivo-autumnal attack may avert the threatening paroxysm. He reports a case in support of this conclusion.

Koch states that his tests of prophylactic doses of quinine have shown that an interval of seven days after two "quinine days" is sufficient to prevent relapses. His method of treating malaria is, therefore, to give the patient, when free from fever, usually in the morning hours, one gram of quinine, repeated every day until the malaria parasites have disappeared from the blood. Then follows a pause of seven days, then two more quinine days, then the seven-day pause and two quinine days, and so on for two months at least. The results have been most excellent.

Regarding the stamping out of the disease in any country Manson suggests the following methods: "First, to begin by administering quinine for long intervals to all cases of malaria fever, since a single man is a source of infection to a whole locality; second, to cause all persons suffering with malarial fever to sleep under mosquito netting; third, to compel all the uninfected to sleep in mosquito-proof houses or beds; fourth, to kill by different culicides all mosquitoes entering houses; fifth, to destroy all the mosquito larvae before they reach maturity or the biting stage—to which might be added the destruction of the adult mosquitoes in their places of hibernation—and sixth, a combination of all these methods."

Dr. Manson admits that the inventive genius of the American is more likely to evolve a practical scheme for the extirpation of malaria than that of any other people. It is urged that scientific investigators, as well as men of practical experience, should discover effectual means of destroying the mosquito pest, both for the honor and in the material interests of their own

people and for the sake of humanity at large.

There is certainly a broad field for investigating the various species of mosquitoes that habit this locality, on account of the prevalence of malaria.

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DIAGNOSIS OF MALARIA IN CHILDREN.*

BY EVERETT J. BROWN, M. D., DECATUR.

The plasmodium of malaria spares neither age or sex. It is well known that during early life the human organism is peculiarly susceptible to all infectious diseases; malaria is no exception to this rule. Formerly it was thought that infants were comparatively exempt, but we know now that many cases were overlooked.

It has only been in the last fifteen years that much attention has been given to the study of malaria in children; to Holt belongs the credit of bringing this subject into deserved prominence; in his article on the "symptoms and diagnosis of malaria in children," published in the *American Journal of Obstetrics* in 1883, he gives his conclusions from the very careful study of 184 cases observed in New York City or its suburbs; he then said that up to that time the peculiar manifestations of malaria in children had been a field of observation which had been greatly neglected.

Since the appearance of Holt's paper the literature has rapidly increased and many most diverse and interesting groups of symptoms or conditions have been described which depended upon infection by the malarial parasite; congenital cases have been reported in which the infant at birth had shown cachexia, dropsy and enlargement of the spleen, the result of intra-uterine infection.

*Read at the Fifty-first Annual Meeting of the Illinois State Medical Society, Peoria, May 21, 1901.

Crandall reports a case in which the disease was undoubtedly contracted in utero; the mother had been having tertian ague for ten days before the delivery; eighteen hours after its birth the child was noticed to have cold hands and feet, blue lips and nails and pinched face and later a high fever; the blood examination of both mother and child showed malarial organisms. Another case has recently been reported by Josephson in an infant of three weeks; the mother had had a malarial attack on the eighth puerperal day; the child was marasmic and every afternoon would become blue and have a slight spasm; quinine rapidly cured it.

My paper concerns only the diagnosis of malaria in children, for this being established, the prognosis and treatment usually give no trouble. It is well known that some of the manifestations of malaria in children is peculiar to them. Rotch says: "Malaria as it occurs in early life is far more difficult to diagnosticate by its symptoms than where the disease runs the typical course usually seen in the adult. It is the most protean disease which we are called upon to deal with in young children, and it simulates so closely almost every other disease we are likely to meet with that we should always be on our guard, and allow the possibility of the existence of the plasmodium malariae in making a diagnosis in a doubtful case where a periodicity is noticed in the symptoms." "My experience," says Holt, "abundantly confirms the statement made by Schniedler that there is scarcely any disease so changeable, so obscure and so indefinite as intermittent fever in children."

In epidemics of this disease it is noticed that young children are the first to be affected, and owing to the greater vulnerability of the digestive, respiratory and nervous systems in them, these are more profoundly affected and cause atypical manifestations of the disease, and hence very frequently errors in diagnosis; many cases, no doubt, of the masked and irregular forms, even today, end fatally without a diagnosis having been made. The quo-

tidian is the most frequent form in children. Bohn gives the comparative frequency of the three forms as three cases of the quotidian to two of the tertian to one of the quartan. The tertian form in its quotidian variety is most common in infants.

In children from five to twelve years of age, the symptomatology is practically the same as in adults, although there is more frequent vomiting with the chill and the fever is higher; in infants and very young children, however, the irregular types of the disease are more often seen; the distinct stages are rarely seen and the fever is of a more irregular variety. The pernicious form is not rare in infancy and childhood; a child perfectly well may suddenly have a convulsion; it has probably been unwell for a day or so and just before the attack had become somewhat cyanotic and had vomited; after the spasm the rectal temperature is found to be 104 to 106 F. These cases resemble the ordinary convulsions due to fever from indigestion, uraemia or at the invasion of one of the exanthemata, but on careful examination an enlarged spleen can usually be made out, and whenever this is possible, and in fact, in all causeless cases of eclamptic attacks, the blood should be examined for the organism; some children die in the first or a subsequent convulsion; other cases come on as an attack of coma, lasting three or four days, and from which the patient may never rally; both of these fatal forms are usually diagnosed as brain fever, congestion of the brain, etc.

In children we should never look for the great triad of symptoms, viz., chill, fever and sweat. Holt observed a chill only 19 times in 150 cases and in only 15 more were there chilly sensation or cold hands and feet. The chill is often replaced by some other symptom, such as vomiting, delirium, convulsions, or cyanosis; in other cases there is drowsiness with fever, or an unusual pallor with coldness of the extremities and a collapsed condition.

Fever is the most important symptom of malaria; irregularity is its chief charac-

teristic; often the fever is not high, but in the large majority of cases a complete intermission occurs at some time in the 24 hours; the rectal temperature should always be taken, at least in infants and at regular intervals during the day; as said before the quotidian type is far the most frequent found.

Sweating occurs in less than half the cases; it is more frequent than the chill and is not nearly so frequent as in the adult; sweating, however, may be the only symptom which the patient notices; one child which I treated complained only of profuse sweating while in school.

Probably next to fever the most constant single symptom of malaria is the enlarged spleen, it is absent in only one-seventh of all cases; although far from being pathognomonic, yet the importance of its detection in the diagnosis of malaria in children cannot be over estimated. Bohn says: "Omit no organ in the examination of a child." With a sick child it is just as important to feel for a palpable spleen as it is to look at its throat. Holt says that the enlargement of the spleen is present in the great majority of cases and usually to a sufficient degree to be readily appreciated by examination; palpation is the only satisfactory method for the detection of an enlarged spleen, and it may be established as a rule to which there are very few exceptions, that "a spleen which can be easily felt below the ribs is enlarged." Hence the necessity of a routine examination of all sick children for a palpable spleen. In most children palpation of spleen is much easier than in adults; it must be done gently and with warm hands, the little patient being upon his back and the physician standing on his left side; the pressure should be light at first and with the tips of the fingers which are semiflexed; palpation should be made in axillary line, the pressure being gradually increased.

The other acute diseases in which we find enlargement of the spleen are typhoid fever, sepsis and the acute infectious diseases. Among chronic diseases we find the

spleen enlarged in syphilis, rickets, tuberculosis, leukaemia and splenic anaemia and amyloid degeneration; in all these conditions the blood examination is the crucial test.

In children with malaria the face becomes pale and anaemic or even icteroid, blue rings are seen beneath the eyes; the tongue is often heavily furred with a brownish yellow color; digestive disturbances are common and many summer cases are regarded as summer complaint or cholera infantum; the vomiting may be persistent and anorexia constant. Pains in various parts of the body occur; Ripley regarded epigastric pain as quite diagnostic; Holt found it present in 101 of 128 cases; it has no relation to the taking of food and often amounts to only a tenderness; but it is quickly relieved by quinine; splenic and hepatic pains are less frequent; splenic tenderness more common, and general neuralgia and cutaneous hyperaesthesia are sometimes seen. The nervous symptoms are very frequent, headache is common, usually frontal; a very important symptom is a dullness or stupor; children in school will be seen to be sleeping at a regular time each day; the stupor may in some cases amount to a coma lasting several days; vertigo is rare in children; paresis, torticollis and even chorea have been caused by paludal infection; retention or incontinence of urine may occur, or frequent micturition may be the only symptom.

The following two cases show difficulties in the diagnosis of malaria in young children:

Case 1. Female; age two and a half years; quite robust and a hearty eater; one day after a hearty meal she had a convulsion followed by high fever. Naturally suspecting some digestive disturbances, calomel and other cathartics were given, together with hot bath, etc., and the child was soon better. In two days, however, the attack was repeated; before the convulsion the hands and feet were cold and the skin was slightly cyanotic; most careful regulation of the diet was practiced,

but for two months the child had spasms and high fever at irregular intervals, gradually became anaemic and the diagnosis of indigestion first made was changed to that of tubercular meningitis by the two physicians. After several weeks more of attacks of convulsions and high fever, a few large doses of quinine effected a cure.

Case 2. Baby H. Female; age 2 years. Repeated convulsions with high fever, right hemiplegia and aphasia. Aug. 18, 1900. The paralysis and aphasia I found on my first visit; she had had four spasms six weeks before, two of them being in one night; three weeks later she had two more, each followed by high fever and prompt recovery; the hemiplegia had been preceded by several very severe convulsions and high fever. A palpable spleen directed my attention to the blood, upon examination of which I found the tertian malarial parasite; in ten fields of the microscope four organisms were found in a total of 697 red blood cells and four leucocytes. After administering quinine no more convulsions or fever occurred; the hemiplegia gradually improved and in six weeks locomotion and speech were nearly normal.

Discussion on the Papers of Drs. Munson and Brown.

Dr. H. C. Fairbrother, of East St. Louis. Mr. President: Some twenty-five or thirty years ago, when I was beginning the practice of medicine, we had a class of cases that was called typho-malarial fever. In the progress of medical knowledge it was stated by the best medical authorities that this was not a proper term, and that there was no such disease as typho-malarial fever. According to recent studies of both malarial fever and typhoid fever through the laboratory, by which diseases are only studied properly, I think we come back to the old typho-malarial fever. That has been my experience and observation during the past summer and fall in East St. Louis, where we had a considerable number of cases of these diseases. In the careful study of these diseases in many cases we find the malarial plasmodium and the typhoid bacillus, and all the clinical symptoms of the two affections existing together. There is no laboratory study more difficult than that of malaria. The malarial plasmodium is hard to find. It is not always found by the best microscopists in well-marked cases of malaria.

With reference to the differentiation between malaria and other infections, especially typhoid, and with regard to the association of mixed in-

fection and the treatment, especially in children, the studies, by myself and a number of others during the past summer, have shown by actual laboratory work that these diseases coexist in a great many instances; consequently our treatment should be governed accordingly.

Dr. T. J. Pitner, of Jacksonville. I was very much pleased to hear these papers. They have dealt with a matter of every-day importance and of practical value to us. My observation, although not living in a distinctly malarious region, has been that I have been rather surprised at the number of cases of an obscure character that have been cleared up by careful methods of investigation, and that is particularly true with reference to children, as has been clearly shown by Dr. Brown. In my examinations I have been in the habit in such cases of palpating and percussing over the region of the spleen. Many cases that appeared simple, as those of chronic digestive disturbances, without any characteristic symptoms, paroxysmal in character or intermittent in nature, have been diagnosed by percussion of the spleen. In percussing over the region of the spleen I prefer the upright posture, especially in adults, as one can more readily mark out the boundaries of the enlarged spleen, whereas in the recumbent posture it cannot so easily be done, and it is preferable in children to do the same. Palpation can best be done in the relaxed recumbent posture; but the value of percussion is obvious and will clear up many obscure cases. Its value in chronic malarial toxemia is evident where we might be thrown off of our guard in the absence of fever. The value of the microscope in the examination of these cases is obvious, and we should avail ourselves more frequently of its aid.

Dr. William E. Quine, of Chicago. The identification of the malarial organism is not a matter of as great simplicity as many practitioners are inclined to believe, and I have been assured many a time that it is very much easier to mistake other bodies than the plasmodia in the blood for plasmodia than it is to overlook real plasmodia when they exist. I am quite sure that I myself have been led into error many a time in respect to the supposed identification of these bodies; but notwithstanding the difficulties and the uncertainty obtaining in some instances in relation to the identification of these malarial parasites, I am convinced that transitory malarial infections in winter, as well as in summer, are not of very infrequent occurrence. I have seen many a time in hospital patients, a few times in my own blood, the presence of malarial bodies for a few days consecutively, then their persistent and continuous disappearance without any treatment having been directed to the destruction of the malarial bodies in the meantime. I have come to be convinced that transitory and slight malarial infections are not of uncommon occurrence in Chicago, even in the winter season of the year. I have seen such examples of malarial infection in children who have never been out of the house in which they had been born. I have seen such examples of malarial infection in adults, who had been bed-ridden for months, and develop in

midwinter, when the temperature of the outer air was zero or thereabouts, in which atmosphere it was impossible for any anopheles or other species of mosquito to live without clothes on. (Laughter.)

Malarial infection occurs in the winter season of the year, and its prevalence is not limited to the autumn or summer months.

One of the essayists referred to malarial infection in young children. One of the most startling examples in point that has come under my own observation occurred in the practice of Dr. Bertha VanHoosen, of Chicago. She called me by telephone one evening, and said that she had delivered a baby the day before, the delivery being normal, and the baby then had a temperature of 104, and she asked what could be the matter. I suggested infection of the cord, and she allowed me then to resume my sleep. The following evening or night I was again called and assured that there was no infection of cord, and that the temperature of the baby was then 105, and she asked what could be the matter. I suggested that possibly the child might have pneumonia, and was allowed to go to sleep again. The following night, at one or two o'clock in the morning, I was disturbed the third time to be informed that the temperature of that blessed baby was 107, and could I go out to see it. I was more than eager to put an end to the clinical history of that baby, and so I went to see it. The baby had been parboiled with poultices that had been applied on the strength of my suggestion that it possibly had pneumonia. The most scrutinizing physical examination failed to discover localization of any kind, even enlargement of the spleen. I was completely at a loss for a diagnosis, but suggested the possibility of the case in hand being one of malarial infection. I had not heard and did not know then of the occurrence of malarial infection in babies a day old. An attempt was made to examine the blood that night, but was ineffectual. The baby was put into a cold bath, its temperature reduced to a point below the standard of health, and soon after a large injection of quinine solution was administered by the rectum, and the following morning the blood of the child was examined by Drs. Gehrman, Klebs, and other eminent microscopists in Chicago, and found teeming with malarial bodies. I was told that the blood of the mother contained no malarial parasites.

Dr. Munson (closing the discussion.) In regard to the mosquito theory, of course it is not definitely known whether the mosquito during the winter season harbors these germs or not. We know that people who have suffered from malaria have been cured; they have gone into climates where malaria has not existed for a quarter of a century, yet they have paroxysms of this affection. Probably before they went to such places, if their blood was examined, the plasmodium might not be found, and yet these people have had malaria as demonstrated by microscopical examination.

As to the mosquito being clothed or otherwise, during winter season, it is scarcely presumed by those who have investigated these points that the mosquito harbors the germs

during the winter season. As stated above the survival of the malarial parasite throughout the winter may be explained by the well known fact, that the tendency of this disease is to relapse even years after supposed recovery. Some of these points are left for scientists to determine. I may have been presuming too much in presenting a paper without giving original investigations, but it is exceedingly difficult for one to do original work in connection with the subject of malaria without the aid of the laboratory. One of the gentlemen stated that it is always difficult to find the plasmodia. I would offer a suggestion based on some cases which I have had in Springfield. Patients have had paroxysms of tertian fever occurring every other day, and I have repeatedly examined their blood and was not able to find any plasmodia, yet quinine cured them. I have no other explanation for these cases than that of which we know, namely, that the estivo-autumnal variety of plasmodia is not found in the superficial circulation very readily, but mostly in the internal organs, as the liver and spleen.

As regards malaria in young children, there is no question but what it exists, as I mentioned in my paper in Koch's report, and those are the cases we want to search for. Even in this climate we know that some of the older practitioners would use quinine in almost every case of fever that they were called to see, and they say we have not much malaria with us, yet if a person came from a mountainous district malaria might develop. I have known three or four such instances in the last six months.

Another point in regard to the non-prevalence of malaria here. We cannot say what quinine has done for this generation. I believe, as it was said by a physician not long ago, that people take quinine for almost everything. If they have a cold or the influenza, they take quinine, and undoubtedly their immunity against malaria is largely due to the use of quinine. If it is possible for the child to be infected with malaria in utero, we cannot tell how much quinine may have to do with the non-appearance of malaria in the new-born child.

THAT OUNCE OF PREVENTION.*

CHAS. B. JOHNSON, M. D., PRESIDENT OF THE
STATE BOARD OF HEALTH, CHAMPAIGN.

In the old days medical men were almost wholly occupied in seeking remedies and devising means and methods for the cure of disease. The old school man gave heroic doses of mercury for the avowed purpose of inducing salivation. Bled his patients till syncope supervened, and with blisters and setons produced large open

* Delivered at the Annual Dinner, National Hotel, May 21, 1901.

wounds that oftentimes invited the free entrance of infection.

This old school man's most usual competitor was the Botanic doctor, who to make sure of emptying the stomach, oftentimes gave poisonous doses of lobelia, and that there might be no mistake in unloading the engorged liver, administered podophylin and leptandrin till, upon occasions, symptoms closely simulating cholera morbus resulted.

But this old school man and his botanic rival did not have the field wholly to themselves. A contestant for therapeutic honors entered the lists in the person of the homeopathic high-attenuationist. And the cures this man wrought with infinitesimal doses of lime, sulphur, silica and other high potencies were, in the eyes of his disciples, little short of miraculous.

Meanwhile in the direction of disease-prevention there were no efforts made worthy of the name. And save smallpox, there were no attempts made at isolating contagious cases of disease. Diphtheria, scarlatina, typhoid, cholera and the whole category of contagious maladies were permitted to sow broadcast the seeds of death. Of the etiology of disease there was no knowledge that could be classed as such. Upon the approach of an epidemic pious people rolled their eyes heavenward and reverently pronounced the words, "Visitation of Providence." Like the prairie fire of pioneer days, that only went out when everything in its pathway had been consumed, one of these epidemics continued its ravages till all that was susceptible of infection within its reach had been infected. But though for want of fuel the prairie fire was quenched, it would re-kindle, though for lack of victims the epidemic had died out, it would revive. For the fire to consume, mother earth would produce an abundant growth of blue-stem that with the first biting frost would become as tinder for the match. For the scourge to feed upon, the laboratories of nature would evolve a material, fit as is the lamb for the slaughter.

But cultivation and the advance of civilization, by getting rid of causes, has

forever done away with all danger from the prairie fire. But some of us can remember a time when the pioneer had only fairly begun the work of subduing the prairie wilderness. When his home lay along the creeks in the edge of the timber, or like little islands dotted the wild waste of prairie. When with the coming of the brown pastures of November, but a spark was needed to kindle a conflagration, that in a twinkling would mercilessly sweep out of existence the pioneer's home and all his earthly possessions. Made wise by such costly experience the frontiersman would plow around his premises and thus put a girdle of freshly plowed earth about his home that the flames could not cross. In a word this practical man of the prairies was wiser in his generation than were the members of the medical profession of that period in theirs. The latter as we have seen were quarreling and splitting hairs over means and methods of cure while untrammelled and unchallenged contagion was permitted to stalk abroad through the land.

But it is our good fortune to have seen the sun rise on a much more enlightened day in medicine. The morning of a day when the "ounce of prevention" is of vastly more value than is the proverbial pound of cure.

But so long as diphtheria, typhoid and the other contagions are a constant menace to the dear ones in our homes, the position of the sanitarian is in no degree in advance of the pioneer who with his plow quarantined his prairie home against the ravages of the conflagration. Let us hope the time is not far distant when guided by scientific knowledge and advanced methods of disease prevention, our families will be as secure against the deadly epidemic, as is today the home of the Illinois farmer against the advances of the withering tongues of the prairie fire.

Mrs. W. J. Morison of Elkhart, Ind., recently became insane after attending several public demonstrations on hypnotism.

ILLINOIS STATE MEDICAL SOCIETY.

Minutes of Proceedings of the Fifty-First Annual Meeting, Held at Peoria, May 21, 22 and 23, 1901.

The Committee on Medical Societies has the following report to present to you:

The year has been successful as far as medical societies are concerned. In spite of the political campaign, doctors have generally been willing to co-operate in the work of this committee. We have eight new societies to report and there is great satisfaction on the part of the committee in reporting some of these societies.

In Jackson and Massac counties societies existed previous to this year, but affiliation was impossible. These two societies have complied with all of the requirements and now stand in full affiliation with us.

It is only within the last year that an affiliation could be secured, but these societies have cleared the way and nothing but the most cordial relations now exist between these societies and the State Society.

New societies were organized in Montgomery, Moultrie, Calhoun, Henderson, Henry and Carroll counties. Very bright promises have been made from a few other counties, which may be organized before the convening of this Society.

Owing to my departure for Europe the last week of March, I will be unable to send in a complete report. I send herewith the map which has served us before, showing the new societies organized this year by the blue circle. You see we are gradually advancing and I trust the time is not far distant when all other counties in the State will have their own medical organization.

It is a lamentable fact, in some counties where many members of this Society live, we are unable as yet to get an organization, but we will overcome this indifference, though it does seem if every member of this Society should be eager and anxious to further this work.

Personally, I would hail the day when

members will not be received in this Society from a county in which no medical organization exists. We used to think that there was an excuse for some counties not organizing, but of late years we have learned differently.

It is to the shame of the members of the State Society residing in this, Peoria county, in which we are meeting, that great efforts have been made to form a county organization, but with complete failure. Apparently they are more anxious for members from Tazewell county than they are from their own. The same condition exists in Knox county. It will take either a flood or an earthquake to wake these fellows up. No county in the State has better facilities in proportion to the population than Knox county and yet we are unable to get a county society.

I am under deep obligations to Dr. J. T. McAnally, of Carbondale, for work done in the southern part of the State.

C. W. Hall, Chairman.

The President: The next item to come before you for consideration is the report of the preliminary meeting, which will now be read by Dr. Carl E. Black, of Jacksonville.

Dr. Black read the following report:

REPORT OF THE PRELIMINARY MEETING.

At a preliminary meeting called by the Legislative Committee as ordered by the State Society last year, and held May 20th, the following resolutions were adopted: The Legislative Committee was in charge of the meeting. Every member was invited to attend and more than fifty persons were present: Dr. George N. Kreider occupied the chair.

A. Legislative Questions.

1. Medical Practice Act and Board of Examiners.

This proposition was fully discussed, after which Dr. Ingals moved that a committee be appointed to draft a bill providing for a Board of Medical Examiners in this State, the committee to consult such laws as are operating best in other states. Seconded.

Dr. Lewis moved that this matter be referred to the Committee on Medical Legislation, with power to act. Carried.

2. Patent Medicines and Nostrums should have Formula on Label.

Resolved, That if a bill be introduced in the next Legislature requiring that the true names and quantities of the ingredients be plainly printed on each package of patent medicines and nostrums offered for sale, this Society shall do what it can to further the passage of such bill, provided the Legislative Committee believes it can be done without jeopardizing other desirable bills.

Dr. Lewis moved that this matter be referred to the Legislative Committee, with power to act. Seconded and carried.

3. Use of Hypnotism should be Confined to the Profession.

Dr. Hurst moved that the meeting recommend that the Legislative Committee attempt to pass a bill forbidding in any wise exhibitions of hypnotism for the purpose of obtaining money.

4. Epileptic Colony.

Dr. Corr moved that the Legislative Committee be instructed to use all its power to secure the location of an epileptic colony in Illinois, which was provided for by a bill passed by the Legislature two years ago.

Dr. Black moved to amend by including "We express our dissatisfaction that the last Legislature failed to select a site for this epileptic colony." Carried.

5. Sanatorium for the Tuberculous.

Dr. Ingals moved that the question of attempting to secure legislation in favor of the establishment of a sanatorium for the tuberculous, be referred to a special committee to report to the preliminary meeting next year. Carried.

B. Questions of Organization.

1. Define Exact Status of Membership.

a. Membership lost in local society should also be lost in State Society.

Dr. Lewis moved that all members of the State Society shall be members of some local society unless the Judicial Council

sees fit to elect them members at large. Carried.

b. If honorable, qualified and not sectarian college of graduation should not act as a bar to membership in the State Society.

After considerable discussion, Dr. Ingals offered the following resolution:

Resolved, That school of graduation shall be no bar to membership in the Illinois State Medical Society, providing such physician is recognized by the local society as qualified and not claiming to practice any exclusive system of medicine. Carried unanimously.

2. Duties of Registration Committee.

It was moved that each local society be requested to at least once a year present a corrected list of members for publication in the Journal, and that this be a guide for the Registration Committee in determining a man's eligibility to the State Society. Carried.

3. No Paper to be Presented which has not been Read at a Local Society.

On this topic, after some discussion, the following resolution was unanimously adopted:

Resolved, That hereafter no paper shall be read before this Society that has not previously been read before an affiliated local, city, county or district medical society, excepting by unanimous consent of the Executive Committee of the Section to which it is offered, and excepting the general addresses; providing, however, that no paper shall be accepted of which more than an abstract has been published.

4. Executive Committee of Sections.

a. Resolved, That an Executive Committee of each Section be established, to consist of the chairman and the two last retiring chairmen. Carried.

b. Resolved, That no paper appear in the transactions of this Society or be published as having been presented to the Society which has merely been read by title and the author of which was not present and prepared to read the paper, excepting by the unanimous consent of the Section before which it should have been read.

c. Resolved, That no paper shall be published as having been read before this Society until it shall have been read and approved by the Executive Committee of the Section before which it has been read, providing that all other papers shall be treated by the Editor as volunteer papers, but they cannot have the stamp of approval by the Society.

5. State Society Journal.

a. Editorial work.

b. Advertising.

After a free discussion of these topics, Dr. E. J. Brown offered the following resolution:

Resolved, That, as far as practicable, the Journal of the Society be made the official organ of the city, county and district societies of the State.

Resolved, That the Journal accept all ethical advertisements under the same restrictions that apply to advertisements in the Journal of the American Medical Association.

Resolved, That the Judicial Council select some member of the Society to act as Editor and Manager of the Journal, said Editor and Manager to be paid a reasonable salary out of the net profits derived from the publication; the amount of salary to be determined by the Judicial Council. Resolutions adopted unanimously.

c. Relation of State Society to Local Societies.

1. What is evidence of local society existence?

Dr. Black moved that the evidence of existence of a local society shall be the fact that it has held one scientific and business meeting a year, and that its list of members be published in the Journal. Carried.

2. What should be the Status of the District Society?

After considerable discussion, Dr. Black moved that a committee of five be appointed by the chair to study the plan of reorganization as submitted by the Secretary of the American Medical Association, and report to the meeting this evening. Carried.

3. It was moved and seconded that the chairman of the Committee on Legislation be sent as a delegate to the national committee on medical legislation, which meets in February, 1902, and that \$50.00 be appropriated by the Society to defray his expense. Carried.

The meeting reassembled at 8 P. M., with Dr. Kreider in the chair.

Dr. Corr offered the following resolution, which was unanimously adopted:

Resolved, That the Illinois State Medical Society looks with disfavor on any process by which public monies appropriated for charitable institutions is dissipated from its intended uses by assessment or otherwise.

The next thing in order was the report of the special committee appointed by the chairman, who brought in a preliminary report, which, after considerable discussion, was referred back to a committee consisting of Drs. Graham, Pettit, McAnally, Ochsner and Roskoten, who reported as follows:

To the Legislative Committee, Illinois State Medical Society.

Your committee would respectfully recommend the following, believing that this form of notice is sufficiently comprehensive to allow of all desired changes, and yet sufficiently specific to meet the requirements of the constitutional provision relating to amendments:

Notice is hereby given in accordance with Article IX of the Constitution, that at the next annual meeting of the Society, to be held May, 1902, such changes in the Constitution and By-Laws will be presented for consideration and adoption as will provide for reorganization on the basis of the following propositions:

First. That the work of the Society be divided into two parts: (a) scientific; (b) general business, the latter to include the nomination of officers, the control of finance, the conduct of the Journal, work relating to legislation and such other matters as may be referred by the Society, and to be conducted by delegates who shall be chosen by the constituent societies.

Second. That membership in good standing in a county medical society, or, in the absence of such county society, then in a district or city society covering the county of residence, shall constitute membership in the State Society.

We also recommend that the Society be requested to appoint a committee of five to formulate and adjust the proposed amendments during the coming year.

The President: What will you do with this very important report:

Dr. Frank Billings: I move that it be adopted as a whole. Seconded and carried.

The report of the Judicial Council was then read by Dr. E. P. Cook as follows:

Mr. President and Members of the Illinois State Medical Society:

Your Judicial Council since the last meeting of our Society has not been idle. Beside the ordinary matters entrusted to us by the constitution the sphere of our work was greatly enlarged at the Springfield meeting by the following recommendation: "That the Judicial Council of the Illinois State Medical Society be authorized to present to the Governor a list of physicians eligible to appointment on the State Board of Health and to all other offices in the State to which physicians are usually appointed by the Governor. The Judicial Council to be guided in their recommendations by suggestions of local medical societies in good standing."

As most of the duties which have devolved upon us have grown out of this recommendation, you will not consider it strange if the major part of our report deals with the work resulting from the recommendation in question.

This recommendation was the direct result of a criticism by the then Governor John R. Tanner. The Governor complained to some our members that he had no means of knowing the wishes of the medical profession of the State regarding the appointment of medical men to the various positions to which they were eligible. The Governor added further that this being true he did not consider it quite fair to be criticized as he had been by the med-

ical profession of the State because of some of his appointments of physicians to State institutions.

The chairman of the Council, Dr. E. P. Cook, immediately conferred with a number of the members of the Society as to the selection of physicians who would honor the profession and the administrative powers of the State if appointed. A few names were chosen in this way and submitted to Governor Tanner, among them that of Dr. Geo. W. Webster of Chicago. As you all know Dr. Webster was chosen later as a member of the State Board of Health.

With this as a precedent logically our next move was to obtain the favorable consideration of the incoming Governor-elect. A meeting was arranged with him by a member of the Council, Dr. Black of Jacksonville. This meeting took place at Springfield December 13, 1900, and was attended by all the members of the Council except Dr. Cook, who was unfortunately detained at home by illness.

Our position before Judge Yates was well stated by Dr. O. B. Will, who had previously been delegated by the Council to act as its spokesman before the Governor-elect. Dr. Will spoke in part as follows: "We come to you as the Judicial Council and official representative committee of the Illinois State Medical Society (a body consisting of delegates from 80 local associations and representing the sentiments of the organized profession of the State, three or four thousand in numbers), to ask the privilege of a conference with you respecting the medical appointments connected with the several State institutions and boards. We are not seeking offices either for ourselves or any specific individual or individuals. Our interest is simply, in the main, that of all good citizens to the end of securing honorable efficiency in the public service. We have been led to feel, however, that in so far as technical requirements and professional standing are concerned, we may be in a position to render you some service in your selections, if you feel so disposed toward the wishes of so large a body of representative con-

stituents. We may say for your information and in extenuation of any apparent officiousness, that our action in this respect is the outgrowth of some experiences in the past in which caustic professional criticism and expressed dissatisfaction on the part of the body we represent were met with the rejoinder of the Executive that the profession had been derelict in not making known their position and wishes in regard to these matters. We are, therefore, now attempting to profit by the suggestion. While realizing the force of political exigencies, we feel that real merit should stand first in these selections, that it is your desire that it shall and that the nature of much of the service required is such as to deeply interest us as medical men, and make us feel that we are in a position to aid you in consulting the wishes of the organized profession if you are disposed to do so. To that end, if it is your pleasure, we prefer being considered as standing in the position of advisers, when occasion may require, rather than assuming to suggest names for your consideration."

The reply of Judge Yates, also in part, was as follows: "Well, gentlemen, I am pleased to meet you, and appreciate the interest you take in this matter. I may say, however, without any tendency to undue assumption, that I was born and have always lived in Jacksonville, Morgan county, the seat of several State institutions and the virtual birth place of all of them. I have been familiar with their conduct and management all through life, so that I feel that I know the needs of all of them as well as any man in the State. I wish to say further that the governorship of this State will not be made a mere incident in my political career, but the four years of my prospective administration I shall hope to mark, if possible, as the most efficient in the institutional affairs of the State. I shall be in no hurry about making the necessary appointments, with which I feel that you and the body you represent will be abundantly satisfied. Indeed, I may call upon you for the advice tendered."

In the light of subsequent experiences with Judge Yates, especially after he took

the Governor's chair, the Council was satisfied with this preliminary meeting. We were conscious of the fact that he had not yet fully formulated his policy nor taken the oath of office.

A word of explanation may be desirable here as to the final position taken by the Judicial Council on the recommendation given it by the Society before the Governor-elect as expressed in the latter part of Dr. Will's introductory remarks. A reference to the constitution of the State Society will show, in spirit at least, that one of the chief duties of the Council is to act for the Society in the interval between the meetings. The first session of the Council, held immediately after the adjournment of the parent body last May, was (after organization had been effected) to instruct its secretary to carry out the wishes of the Society as expressed in the important recommendation referred to above. This the secretary did—first by a published letter in the August number of the State Society Journal. In this letter the recommendation of the State Society as to filling the offices in the State institutions with physicians who would honor in every way, not only their profession but the appointive power, was called to the attention of physicians throughout the State. The co-operation of all medical associations in affiliation with the State Society was earnestly urged.

In September another letter was sent, as follows:

Dear Doctor:—In the Illinois State Medical Journal of last month appeared a letter from the officers of the Judicial Council of the State Medical Society which I wish again to call to your attention. You will see by a reference to the letter that the State Society is anxious for the profession to be consulted when medico-politico appointments are to be made by State officers. No society has as yet responded to the invitation extended by the letter in question. Will you kindly bring this matter to the attention of your Society at the next meeting and report the result.

Respectfully,

J. F. Percy, Sec.

From this correspondence about forty names were sent in to be entered on the Council's list of eligibles. Geographically they represented the various sections of the State very well. They came through societies mainly.

Many members ignored the advice of the Society that the Judicial Council be guided in their selection of names by recommendations of local medical societies in good standing, and demanded that their names be added to the list without this recommendation. Other members importuned the Council for the personal endorsement of their applications to the Governor. One of the worst difficulties experienced by the Council in its attempts to faithfully carry out the wishes of the Society was made by the societies which solemnly passed resolutions asserting that their whole membership was eligible.

Resolutions of this character were sent in accompanied by the names of every member belonging to the organization sending it. This is an illustration of the fact that even medical societies will sometimes permit sentiment rather than their heads to rule their actions. The Council, in matters of this kind, has always kept in mind the absolute equality of the membership of the Society. But it has also recognized the fact that probably three-fourths of the membership of the societies sending in their full roster would not accept any office in the gift of the Governor if tendered them. This failure on the part of some of the societies to agree upon their membership in every way best qualified for the positions in the gift of the State where administrative skill, technical ability and professional honor were the prime requisites was, in a measure, discouraging to the Judicial Council.

Indeed, we were compelled to seek some other means than a direct appeal to the societies in affiliation with the central organization. The matter was finally arranged after a thorough canvassing of the situation by the adoption of the following resolution: "Resolved, That we request Governor-elect Yates to let us act in an advisory capacity. That he turn over to us

for our endorsement the names submitted to him by personal application or when otherwise recommended." This was adopted at the meeting held in Springfield December 13, 1900.

It can be readily seen that if the Governor consented to confer with us regarding physicians who were desirous of positions in any one of the various State institutions that their names would come before us in this way as actual applicants. In practice another thing has developed and that is that in our conferences with Governor Yates applicants other than those in affiliation with the State Society have come before us for our suggestions as to their fitness for the positions sought.

We feel again that more than this can be said in commendation of our adopting this is a working plan. Not the least is that we are not in the position of seekers after office. Under the list of "eligibles" plan we were in the attitude of special pleaders for our own membership. More than this, and worse, the Judicial Council was thus placed in a position where it was compelled to draw comparisons between individual members. This to say the least would be very invidious, especially when the fact was considered that the Judicial Council owes its existence to the whole of this State organization. We had and could have no political favorites. Our next move was to refer the list of "eligibles" back to their original source for presentation to us through the Governor, and this was done. Since our conferences with Governor Yates it has been interesting to note that some of the names that were on our original ("eligible") list for presentation to the Governor have not been mentioned to us through this new source.

All of which goes to prove that the striving of the Judicial Council as the representative of the State Medical Society would avail little if it, for the present at least, attempted to hold up the appointive powers of the State in the especial interest of our membership. Our position, we repeat, is undoubtedly stronger in the advisory capacity that we have been permitted to assume than it would have been

had we attempted to pick plums for individual medical office seekers.

In all we have discussed with Governor Yates the qualifications of one hundred and eleven applicants for the various offices to be filled by medical men in the State. Many of these offices were for assistantships. It has been a debatable question with the Council whether we wanted to influence the appointment of those who are to fill these places. One view that has found favor was to report only on those who were to be the heads of the institutions under consideration and to hold them responsible for the general efficiency and character of their subordinates. However, we were asked by the Governor for whatever information we could give on the names of those to be appointed as assistants and we were thus left with no other alternative than that of reporting on them. The sum of all our difficulties developed along this line. Your Judicial Council has a membership of nine.

We were asked to give assistance in passing upon one hundred and eleven names. They represented residents in all parts of the State, while the Council was only more or less familiar with nine (as we soon learned) small parts.

This necessitated our adopting a system of inquiry which has extended over a large area of the State and brought before us in the way of review the professional, technical, ethical, executive, financial and moral qualities of nearly every physician who has applied to the State House at Springfield for the favorable consideration of its occupant. In a word, their acquirements as to fitness for institutional work. Our methods required the aid of the officers and many of the active members of the medical societies in affiliation with this organization. In addition to this the services of one of the prominent commercial agencies was called into requisition.

The committee of the Judicial Council before whom all of these reports came for final review were gratified to learn that those who were called upon in the profession for assistance rendered it so cheerfully. In this way we have learned, too, that

there is a more brotherly feeling existing one for the other, among physicians in the various communities, than unfortunately is actually known by them there. But very few of our returns have shown less than a judicial and fair attempt on the part of his fellows to give a physician, an applicant before the Governor for a State office, anything but an unbiased report regarding him. Where we were in doubt the committee took means to know the truth before passing finally upon the questions at issue. To all who have aided in this way the accuracy of its work the Judicial Council wishes to express the feeling of appreciation and thanks. Permit me to say in passing that I am sure that the Judicial Council of the Illinois State Medical Society will finish the work for this year, given it by you at our last meeting, with a feeling of profound sympathy for all men who as the chief executives of our States or Nation are called upon to pass upon the fitness of so many applicants for office. To get accurate and reliable information, to obtain talent elastic enough in its good quality to fill in an all-around way the vacant places, and at the same time meet to the best advantage the peculiar exigencies of politics, is we believe well nigh impossible.

At a meeting of the Council held in Springfield February 27th of this year it was decided to ask of Senators Cullom and Mason and as well the Republican Congressmen of the State, the privilege also of acting in an advisory capacity when physicians were to be appointed on the various pension boards. Attention was called, in our request to these representatives of the people, to the fact that this same petition had received a favorable response from ex-Governor Tanner and the present Governor. Our President Kreider made the possibility of success in this matter much greater by interviewing Senator Cullom and learning from him that he was willing to submit the names of applicants for these positions to us for our endorsement.

It was made plain to the Senators and Congressmen that the only object that the Illinois State Medical Society had in ask-

ing to be consulted was that representative and honorable men might be placed in these positions. Men who would really represent the profession, something that had not always been done.

A reply favorable to our request was received from Senator Cullom in a letter under the date of February 22, 1901. Senator Mason has also since replied favorably to our request for this same privilege. The members of the House of Representatives from Illinois at Washington have not taken so kindly to our offer to aid them in the selections of pension examiners. Of the fifteen of these members of the National House of Representatives from this State every one of whom we addressed, but four replied and but one of these favorably, the member from the district represented by Hon. G. W. Prince of Galesburg.

One of our representatives, a resident of Chicago, was inclined to resent our efforts along this line of work, but finally concluded his letter by saying:

"If I find at any time that I need assistance in making recommendations for these positions, or am unable to obtain the necessary professional information from physicians and surgeons of high standing who are personally known to me, I shall be very glad to apply to you for proper information, and I thank you for calling my attention to the subject and proffering your kind aid."

The reply of the three others were in the main the same. Their contention being that they were acquainted with every physician in the district represented by them and that they were not liable to make mistakes in choosing those whom they would appoint.

In brief this is our report. We cannot well go into every detail of the experience that the statements made above represent. If we could this report would be made much more interesting than it can possibly be made now.

We found that politicians when willing to concede a point were adverse to being reported as having done so, for fear, as was expressed by one of them, that the con-

cessions to us would encourage requests of a similar character from others.

Again we have done more than was asked of us. The original instructions did not include the pension boards of the State, but these can with a little effort be made a part of our work if it is decided that it is worth while for us to attempt it.

We were also carefully to avoid the appearance of dictatorial assumption before the appointive powers of the State, especially the Governor. We did not want to embarrass the administration by an attempt to impress upon it the necessity of recognizing our organization as the only one interested in medical affairs of the State. We made it plain that the State Medical Society was not in politics except as good citizens interested in the appointment of the best medical men and women, every thing considered, that it was possible to obtain for the various institutions of the State where the services of physicians were required.

This report does not show the time, money and correspondence necessarily employed in carrying on this work—work equally shared by every member of the Council. Experience has taught us that where we could come face to face with our political representatives and explain our position, our wants and the increasing strength of our organization, that the respect with which our remarks were received was only commensurate with the strength that we could show our organization possessed. All that has been gained was by this means alone. This is well shown by our correspondence with the Congressmen.

Another matter of supreme importance taught us by our experience in this work is this—that the city, county and district medical societies must take a more active, sensible and honest view of their relationship to the State organization, should the State Society decide in the future to instruct its Judicial Council along lines where the co-operation of the local societies, in the work of the State Society, may become necessary. It is to be earnestly

hoped that the fallacious rot that all men are born free and equal will not be given as the tacit reason for sending in a complete list of their membership, if names of one or more from the part of the State represented by a particular society is required. If the explanation of this action on the part of the societies doing it was a protest against the use of the word "eligible" found in the original recommendation it is to hoped that hereafter they will not take matters of this kind too literally.

The intent and spirit of the recommendation was very plain and the use of this one word should not have been made the pretext for ignoring the evident intent of the central organization when it made use of it. It seems to us further, that if the societies throughout the State in affiliation with the parent organization will put upon their committees for the "good of the profession" the three men of their entire membership best qualified to act in an executive capacity, that better results would be obtained.

One of the difficulties, among a number not already mentioned, that your Judicial Council experienced in getting the man or men best qualified in each local society for a place on the "eligible" list first attempted was this: That any member of any society could obtain the endorsement of that society absolutely regardless of the fact that he could or could not fill the position sought. It is true that every member is "eligible." It is not true that every member is competent.

If it is the purpose of the Judicial Council to aid the administrative powers of the State in the future in the selection of men and women in every way best qualified to fill the positions to be filled—in other words, to go into politics, it is absolutely necessary, in order not to fail, to have the intelligent co-operation of every medical man and woman in every medical organization in the State. To do less than this is to invite failure of a most hurtful character, and to fail now will put us back many years and that, too, in a most humiliating way.

As a body it has ever been before the Council that we are but the humble representatives of a great organization. It is our hope that this report will show that the profession of the State of Illinois who have looked to the Judicial Council to make practical the endeavor of the leading medical organization of the State to put worthy and competent men in the various places has not been misdirected or abused. We are well aware that if we succeed, not only will the profession be pleased and benefited but the people of the great commonwealth will praise our action and will repay us in a greater esteem for the cause we represent.

Our chief duty then would seem to be to maintain our organization at the highest possible point of efficiency—first as a scientific body, and, as a very close second, a comprehensive business association. Any other combination of aims will not secure for us the respectful hearing that the interests we represent require. Only such an organization will arrest the attention of the politician and at the same time maintain in the profession that standard of dignity and among the people that modicum of respect so essential to the highest efficiency.

E. P. Cook, Chairman.

J. F. Percy, Secretary.

Continued next month.

PAUPER PRACTICE.

The stand taken by the physicians of Pana regarding pauper practice is being imitated by physicians in other communities in the State. The most recent example is the action taken by the practitioners of Augusta which reads as follows: 1. That we will not bid for pauper practice. 2. That we will not attend paupers at a less rate than the regular established and recognized fee bill of Augusta. It is also understood that no one physician shall be favored in the distribution of pauper practice, but that the patient shall be given the privilege of choosing his own physician.

The Illinois Medical Journal.

The Official Organ of the State Medical Society.

EDITOR—George N. Kreider, M. D., Springfield.

ASSOCIATE EDITORS—Members of the Publication Committee:

Pres. J. T. McNally, M. D., Carbondale. Sec. E. W. Weis, M. D., Ottawa. Treas. E. J. Brown, M. D., Decatur.

Official Reporters of Affiliated Societies—

COUNTY SOCIETIES.

Adams County—Henry Hart, M. D., Quincy.
 Champaign County—A. S. Wall, M. D., Champaign.
 Calhoun County—T. O. Hardesty, M. D., Kampsville.
 Clay County—Warren Eugene Burgett, M. D., Louisville.
 Crawford County—L. J. Weir, M. D., West York.
 Douglas County—W. E. Rice, M. D., Tuscola.
 DeWitt County—J. H. Tyler, M. D., Clinton.
 Fulton County—D. S. Ray, M. D., Cuba.
 Gallatin County—Geo. P. Cassidy, M. D., Shawneetown.
 Hancock County—R. L. Casburn, M. D., Carthage.
 Jo Daviess County—D. G. Smith, M. D., Elizabeth.
 Kankakee County—B. F. Uran, M. D., Kankakee.
 La Salle County—W. A. Pike, M. D., Ottawa.
 Lake County—A. G. Haven, M. D., Lake Forest.
 Livingston County—Jno. Ross, M. D., Pontiac.
 McDonough County—R. E. Lewis, M. D., Macomb.

Macoupin County—J. Palmer Matthews, M. D., Carlinville.
 McLean County—F. C. Vandervort, M. D., Bloomington.
 Montgomery County—J. M. Trigg, M. D., Farmersville.
 Morgan County—Ed. Bowe, M. D., Jacksonville.
 Pike County—R. H. Main, M. D., Barry.
 Sangamon County—B. B. Griffith, M. D., Springfield.
 Stephenson County—R. J. Burns, M. D., Freeport.
 St. Clair County—B. Portuondo, M. D., Belleville.
 Union County—T. Lee Agnew, M. D., Anna.
 Vermilion County—E. E. Clark, M. D., Danville.
 Wabash County—J. B. Maxwell, M. D., Mt. Carmel.
 Warren County—Adella R. Nichol, M. D., Monmouth.
 Williamson County—G. W. Evans, M. D., Marion.
 Winnebago County—S. R. Catlin, M. D., Rockford.

CITY SOCIETIES.

Chicago Academy of Medicine—J. G. Kiernan, M. D.
 Chicago Electro-Medical—Richard H. Street, M. D.
 Chicago Neurological—C. H. Lodor, M. D.
 Chicago Physician's Club—L. H. Mettler, M. D.
 Chicago Rhinological and Laryngological—
 Jno. E. Rhodes, M. D.
 Chicago Pathological—Geo. H. Weaver, M. D.

Chicago Gynecological—C. S. Bacon, M. D.,
 Decatur Medical—C. Martin Wood, M. D.
 Jacksonville Physician's Club—D. W. Reed, M. D.
 Peoria Medical—E. M. Eckard, M. D.
 South Chicago—J. S. Davis, M. D.
 West Chicago—Gustavus M. Blech, M. D.

DISTRICT SOCIETIES.

Aesculapian—H. McKennan, M. D., Paris.
 Central Illinois—C. R. Spicer, M. D., Taylorville.
 Fox River Valley—H. J. Gahagan, M. D., Elgin.
 Military Tract—C. B. Horrell, M. D., Galesburg.

North Central—Geo. A. Dicus, M. D., Streator.
 Southern Illinois—O. B. Ormsby, M. D., Murphysboro.
 Tri-County—Leroy Jones, M. D., Hoopeston.
 Western Illinois—H. H. Chapin, M. D., Whitehall.

All communications should be addressed to the Editor, 522 Capitol Ave., Springfield, Illinois.
 The Society does not assume responsibility for any statements or opinions published in the JOURNAL.

The JOURNAL is published monthly. The subscription price is \$3.00 per annum in advance. The JOURNAL is furnished free to the members of the Society.

Entered at the postoffice in Springfield at second class matter.

AUGUST 1901.

OTHER STATE SOCIETIES.

While journeying to St. Paul and during the meeting of the A. M. A. we were fortunate enough to meet a number of gentlemen from other states and to learn from them the condition of society work in their respective commonwealths. A brief resume of the facts gleaned may be of interest to our readers. This month we will consider Connecticut. This state has been held up as a model of organization and it undoubtedly has a larger proportionate number of physicians belonging to the State Society than any other state in the country. There are only seven or eight counties in the state and every member of a county society is *ipso facto* a member of the State Society. The number of regu-

lar physicians in the state is approximately 1,100, of whom about 700 belong to the State Medical Society. At this rate Illinois would have between four and five thousand individuals in the State Society. Theoretically we have always imagined that such a large proportionate number connected with a society would solve all difficulties in any state. Judging from the experience of our Connecticut friends we have been laboring under a marked delusion. They report that the State Society is utterly unable to pass a much needed law regulating the practice of medicine now before their Legislature. They are not given a respectful hearing by Legislative committees. The achievements of our Society and Legislative Com-

mittee when related were a source of wonder to them. The difficulties in Connecticut, we believe, teach a lesson which many of the members of the Illinois State Medical Society can study with profit. In Connecticut access to the State Society is entirely too easily gained. The State Society should, we believe, be the second degree in medical advancement, and a member of the local society should be required to make a distinct application to the State Society. His character and qualifications should be passed upon and his election to membership should be considered by the applicant and the Society as a high honor. A sufficient fee should be collected to cause the members to appreciate the existence of the State organization. In return the Society should so expend its funds that distinct advantages will be gained for its members. In other words a live, active representative organization, not necessarily large in numbers, but well drilled to work for definite ends is to be preferred to a large and loosely organized body untrained for active work and without funds to carry out its objects. The Illinois State Medical Society is probably rapidly approaching the limit of desirable numbers and should hesitate long before relinquishing its present form of organization. Quality and not quantity is and should be our watch word.

[To be continued.]

EXPERIMENTAL YELLOW FEVER.

There is no doubt concerning the importance of the work that has been done by Surgeon Reed and his associates, Carroll and Argamonte, at the Experimental Sanitary Station near Quemados, Cuba, upon the etiology of yellow fever. Although the organism to which yellow fever is directly attributable remains undiscovered

and its bacterial or protozoan nature a matter of conjecture, much light has been thrown upon the methods by which the disease is obtained and its period of incubation fairly well determined.

Sixteen men have been made the victims of experimental fever, naturally, with their full consent, four by inoculation with from 0.5 to 2.00 c. c. of the blood of persons with the disease and twelve by the bites of mosquitoes. All of this has been carried on by such exact methods that very positive deductions are possible; by such a system of supervision and control as has long been in vogue in animal experimentation. So far the only mosquitoes with which the disease has been successfully transmitted belong to the genus *Culex*; the malarial fevers it will be remembered are acquired from *Anopheles*. The stage of incubation as observed in these cases will perhaps require some change in the quarantine regulation, which at present fixes the limit of detention at five days, for in one-sixth of the cases the disease developed later than five days after inoculation.

Mild cases are well known in other infectious diseases; for example, ambulatory typhoid and the modified variola that has prevailed since the Spanish-American war; therefore it is not surprising that these workers emphasize the likelihood that mild cases of yellow fever may escape notice.

It is especially interesting to learn that the mosquito, *Culex fasciatus*, lives so long bearing within its body the germs of yellow fever which may be finally conveyed to human beings; in one instance, mosquitoes were allowed to infect a man fifty-seven days after they had received the noxious parasites from patients with yellow fever. No deaths happened among the sixteen who acquired the disease ex-

perimentally, notwithstanding a lack of medication; future investigations to prove the immunity of these persons to further inoculation will be hopefully awaited. Cultures taken from the blood of patients who contracted yellow fever, either by natural modes or experimental inoculation, as well as from the blood used for inoculation purposes, failed to demonstrate the organism discovered by Sanarelli, the bacillus icteroides, about which there has been so much controversy. We cannot refrain from pointing with pride to the interest our government takes in instigating and supporting such labors as are represented in the work of these investigators.

It is also gratifying to observe the high grade of scientific work exemplified in these experiments. This investigation compares favorably with the work of the best German (Koch), French (Laveran) and English (Manson) scientists along similar lines.

TRAUMATIC NEUROSIS.

We commend the spirit of fairness which pervades the paper of Dr. Moyer on this subject published in this issue. All cases of this character depend on the medical profession for a true appreciation of their disabilities. The profession should approach the study of them uninfluenced by the suggestions of attorneys and agents and mindful of the exaggeration suggested to the claimant by relatives and friends. Regardless of outside pressure let the physician endeavor to mete out exact justice to all parties concerned.

THE CALHOUN COUNTY MEDICAL SOCIETY.

A report from a medical society in Calhoun, the most remarkable county in Illinois, appears in this issue of the Journal,

and we commend its perusal to members of the State Society residing in all counties not possessing an organization. This county has not a railroad or telegraph office in its limits. The members of the medical profession are few and widely scattered. To reach the meeting place they travel over long and difficult roadways. With all these obstacles confronting them it will be seen that they still maintain a creditable society. May the activity of these brethren stimulate the profession in more favored counties to take up the work of organization.

MODERN TREATMENT OF CONSUMPTION.

The paper of Dr. Babcock in this issue on the treatment of phthisis pulmonalis is such a radical departure from the usual practice that we take the liberty of calling especial attention to it. The value of hydrotherapy, good air and good food are too little known even in the medical profession and we recommend the careful perusal of this article to every general practitioner in Illinois. Lives will be saved and reputations for the physicians will be gained by following these modern teachings.

Miss Lathrop and Dr. Hirsch Retire From the Board of Public Charities.

The most important political event of the month is the resignation of Miss Julia Lathrop of Rockford and Rabbi Hirsch of Chicago, from the Board of Charities. Accompanying the resignation of Miss Lathrop was a lengthy letter in which she severely arraigns the governor for using the board for political purposes. As this is a subject in which the profession is greatly interested we publish her letter in full.

Governor Yates immediately accepted the resignation. Discussing Miss Lathrop's action, he said: "Miss Lathrop has done me a great injustice. She has been misled by designing persons into making a number of statements grossly inaccurate,

to say the least. As, however, she is a lady, I will enter into no controversy with her, and make no reply to her statements. I have promptly accepted her resignation."

Following is the letter addressed by Miss Lathrop to the governor:

My Dear Sir:—I hereby tender my resignation as a member of the Board of Public Charities of Illinois, and I beg leave to state at some length the reason for my action.

Since my first appointment on this board, rather more than eight years ago, there have been two administrations in this State, one of each political party. During all that period, the institutions have been used for party ends, although the growth of political control has never been so apparent as now, when there is another change of administration, without a change of party.

The control of the expenditure of two and one-half million dollars yearly and of thousands of appointments would be a responsible task in any purely commercial undertaking, but when the money is to be spent and the people hired for the great function of humanely, wisely and economically caring for ten thousand sick and helpless human beings, it is certainly worthy of skilled and disinterested attention. Yet it is common knowledge that the charitable institutions, whose cost is nearly one-third of the State's budget, are and have been for the last eight years, "in politics."

When you expressed yourself publicly in Chicago before election as in favor of taking the charitable institutions out of politics, many people were greatly encouraged; and when after election a friend of yours came to me, as he said at your request, to ask what legislation on this subject the board would suggest, and stated that he knew you to be in favor of a merit system, I was again encouraged. A bill was prepared by a committee of the board, which was urged by the press, and which was recognized by its friends and foes alike in the legislature as being an honest effort to provide a workable rule for placing the institutions on a merit basis, and for keeping the enormous contract expenditures out of politics.

Has Been Disappointed.

To the surprise of the committee, you showed no interest in the bill, and indeed retarded its introduction until its passage or even its discussion was impossible. Your attitude in this matter was a keen disappointment. I still trusted, however, that for some reasons of expediency you desired merely to postpone new legislation on this subject. The memorable example of the lamented Governor Mount of Indiana, who spoke in Illinois upon this subject last year at two important gatherings, showed that a governor by personal will and determination, could set the institutions too high for political arms to reach, and that without the aid of any law, and I again hoped that when the organization of our board received your consideration you would then make plain to the public that you had begun a new

policy. It was, however, general gossip for months before the statement appeared in print, that you had offered the secretaryship of the State Board of Charities to Mr. J. Mack Tanner.

No name could have been suggested which would so intimately represent the standards and traditions of the preceding administration—into the details or the public disapproval of which it is unnecessary to enter here. His election yesterday by the barest majority—three members being present and two voting for him—was by your direction, as stated in the meeting, and must be taken to be an explicit notice that no change of policy is purposed.

Board is Responsible.

I believe the new secretary to be an amiable and worthy young man personally; but the board must view its secretary as its responsible executive. He is the source of its information as to the accounts which it must approve, and as to the general conduct and spirit of the institution, and he holds the reputation of the board in his hands. Why should the members of an unsalaried board be asked to place their personal reputations in the keeping of an officer whom they have no voice in choosing? The law creating this board is certainly explicit in its provisions that the board shall independently select its employees.

When I came to the office yesterday I found a young man, grandson of the president of the board, placed there by you as a clerk at a salary stipulated by you. I do not doubt that he is a worthy young man, but this clerkship is new to the board, was created without its voice or knowledge, and the clerical work of the board has been well done without it heretofore.

Has No Significance.

The board is an unsalaried body of five persons, appointed for a period of five years each. (This term was manifestly specified to preserve the permanency of the board and its separation from gubernatorial changes, yet the resignations of all the members, save of one whose term had expired, were requested by you in strict accord with the policy of your predecessor). The board has no significance unless it serves as a safeguard and guarantee to the public that the patients are receiving proper care. On the assumption of this guarantee, friends of patients constantly appeal to me as a member of the board. Upon the helpless patients and inmates comes the final weight of every unnecessary expense of extravagance—of every counterbalancing effort to economize unduly.

I do not resign because as has been said in the press—perhaps truly enough—a dictated appointment is an insult to the board. This is too important a matter for personal pique or even official dignity to enter, and I certainly have neither in this case. I feel, however, that my continued presence on this board will appear at least to indicate a complacency towards methods whose evil I have seen too long, and which I have tried earnestly, but of course vainly, to overcome.

Retires With Regret.

I am not willing longer to appear to the public, and far less to the anxious friends of patients, to give an assurance which no members of such a board, however far they may exceed me in capacity, can give under the present system. The work of the board has become a matter of the warmest personal interest to me, and I leave it with profound regret, and only under a conviction that it is my plain duty at this time to make such protest as I may against the continuance of a system which, from the Board of Charities to the last servant of the smallest institution, leaves no one free to do his task regardless of all save its faithful performance. Very respectfully yours,

(Signed) Julia C. Lathrop.

Springfield, Ill., July 19, 1901.

HEREDITARY INSANITY.

The following case was mentioned by Dr. Telford in discussing Dr. Winslow's paper. The facts presented by the attorney in his brief are so remarkable and are of such medico-legal interest that we give the argument in full—

The People of the State of Illinois vs.
Josephine H.

Indictment for murder. Verdict: Insane when committing the act and not permanently recovered from such insanity.

On the 28th day of October last, the above named defendant murdered her husband in the most atrocious and cold blooded manner possible, by shooting him in the head, neck, and abdomen, and shooting at him, at least, twice more without hitting him. The circumstances surrounding the commission of the crime, the personnel of the defendant, her family history, and the facts of the trial are, substantially, as follows:

The defendant is a young woman of 23 or 24 years of age. Her husband was a few years older. They were married on the 7th of May, 1900. Their marriage was strenuously opposed by the mother of the defendant, who is a widow. The mother of the defendant had regarded the husband of the defendant as beneath the defendant in education, ancestry, and social standing, and was in the habit of speaking to her daughter, the defendant, about him as that "thing," that "dutch fool," and like epithets, and also had repeatedly suggested to the defendant that she leave her husband.

The defendant was a school teacher, and had been teaching a term of school commencing sometime in September and ending the week following the murder; she had taught the school as usual during the week previous to the killing and until the Friday night before the killing, and when she left the school-house Friday night before the killing, she left the room in order as usual, as if intending to come back on Monday.

The husband of the defendant had a policy

of insurance in the Modern Woodmen of America for \$3,000.00, which he had taken out prior to his marriage, and which the defendant insisted, both before and after his marriage to her, repeatedly and persistently to have transferred or changed so as to be made payable to her, the defendant, in case of his death; such requests began before the marriage and continued until a week before the killing, at which time, the husband of the defendant, yielding to the importunities of the defendant, consented to have the policy so changed, and directed the defendant to go to the trunk of her husband, secure the policy, and take it to the proper officer of the local camp of the Modern Woodmen, for the purpose of having the desired change made. The said policy was so secured by the defendant and taken to the head officer of the local lodge of the Modern Woodmen and instructed to make the change, and on the day before the killing, the defendant asked said head officer of the Modern Woodmen if the change had been made and was informed by him that he thought it had been. Three hundred dollars in the trunk of the husband of the defendant, to which she had access and was the last one known to be at said trunk before the killing, was found, after the murder, to be missing.

On Saturday night following the close of school, as above suggested, and upon the same day in which she was informed that the policy of insurance had been transferred to her, she asked her husband to leave the light burning upon the pretense that she had a tooth ache and would likely be obliged to be up several times during the night to treat it, but in fact for the avowed reason (as thereafter confessed) and deliberate intention of having a light in the room to better enable her to kill him on that night; that during the night she got up for the purpose of killing him, but accidentally struck her foot against some object in the room, awakening her husband, upon observing which she temporarily abandoned the design of then killing her husband and went to bed.

That on the following day, which was Sunday, she went to church with her husband in the morning and also in the afternoon. That in the evening about seven o'clock, while the husband was lying on the lounge in the sitting room of their house, apparently asleep, she got the revolver for the purpose of killing him, but observing that he stirred and was not fully asleep, she passed by her husband and hid the revolver in a room the door of which was near to the head of the lounge upon which he was resting, and awaited until he was sound asleep, observing which she again secured the revolver, placed it close to the right temple of her husband and fired. The ball lodged in the bone separating the brain from the roof of the mouth, but did not injure the brain or stun the deceased. The shot awakened him, and as he sprang up, she fired at him three or four times more, one shot taking effect in the back of the neck and one in the abdomen, which resulted in his death some 24 hours later. In his dying statement, part of which was written down and part of which was proven orally, he stated that she shot him for his insurance and his money.

After about an hour elapsed from the time of the shooting, during which she persistently neglected to call for help, although the deceased repeatedly requested and entreated her to do so, she finally reluctantly went out and gave the alarm stating that he had shot himself, but that he charged her with having shot him; this story she maintained for forty hours, but finally, under stress of great pressure from friends and officers admitted that she had killed him. After she had been committed to the county jail by a warrant of the coroner, she wrote several letters in which she acknowledged the killing and expressed great grief and remorse because of the act. In one of these letters she stated, in substance, that she had married her husband against her mother's wishes, but because she wanted a home and that she thought a home furnished by him would be better than slaving herself to death; she also expressed herself that she hoped that her mother's opposition would cease, but recited that it had not, but that she continued to scold her about him, and while she did not say that she had killed him for the sake of getting rid of him, or because of her mother's continued opposition, that conclusion is a necessary inference from the statement of facts contained in the letter. At the time of the commission of the act, she was between two and three months pregnant with child by the deceased, and prior to the killing of her husband she had evinced a dislike for him.

She was indicted at the November term, A. D. 1900, of the Circuit Court of this county, a continuance was granted until the February term, A. D. 1901, at the instance of the defendant, at which time a plea of not guilty was entered and the defense of insanity was interposed.

The proof offered in support of the defense of insanity showed a most remarkable line of insane ancestry. Her great grandmother had been insane and committed suicide, leaving seven children, all of whom were insane at some time in their lives, and none of whom were ever cured of their insanity after it had once attacked them; at least two of the children of this great grandmother were violently crazy and raving maniacs, and were confined in hospitals for the insane, while the others were afflicted with a less demonstrative kind of insanity, which resulted usually in suicide; the grandchildren of this great grandmother were very largely afflicted with insanity, and the grandfather of this defendant was insane and hung himself, while the father of this defendant was *in utero*, the mother of the father of this defendant in the meantime became insane and so continued the balance of her life. The father of the defendant, born under these circumstances, became insane at early age, though not so violent as to be at all times incapable of pursuing some employment. He was married while a young man, and this defendant was his only child. The evidence showed that the defendant bore a marked resemblance to her father; that she had peculiar twitchings of her face and body, a peculiar stare or expression about the eyes, was of a very nervous temper-

ament, was frequently seen to drop her knife and fork at the table, and to lose her mental grasp for some minutes at a time; that so far as the evidence disclosed the fact, and so far as believed to be true, not a soul of this long line of insane ancestry ever became better or was cured after they were once found to be insane, although some of them were said to be so successful in hiding their insanity as to deceive people with whom they were constantly in contact for months at a time, but that at the most unexpected periods their insanity would suddenly break forth.

The jury found by their verdict that she had committed the crime but that she was insane at the time she did it and that at the time of the trial she was still insane. If the verdict is correct, and we are bound to assume that it is, taking her ancestry as a criterion, she is not likely ever to be restored and is liable at any time to develop the most uncontrollable and vicious homicidal mania. The experts who testified in the case upon hypothetical questions based upon the hereditary tendency to insanity almost uniformly swore that with that sort of an ancestry, insanity in the defendant was almost inevitable, and the consensus of opinion seems to be that she will never be any better off mentally than she is now, or than she was at the time when the act was committed. And it is my well settled conviction that she ought never to be adjudged to be sane, even though for long periods of time she may be able to hide her mental derangement from even an experienced observer, as the dormant taint of hereditary insanity may, without previous warning, and at the most unexpected time, exhibit itself, and the lives of innocent people ought not to be jeopardized by allowing a person with her tendency and mania to kill to be at large. In passing upon the question as to whether she is sane or insane at any given time, it should be borne in mind by all persons charged with that duty that she had never been thought to be insane, or other than perfectly sane, by any person, up to the very day and hour, when, by reason of her mania she brutally killed her husband.

In case an application should be made by or on behalf of the defendant for her release from said asylum for insane criminals at Chester, I desire to be promptly advised of such application that I may take such steps as justice may dictate.

Respectfully submitted,
Emery C. Groves,
State's Attorney,
Geneseo, Illinois. Henry County, Illinois.

Auto-Biography of Dr. F. R. Pitner.

Age 89. Sixty-two years in active practice. I was born in Wilson county, Tennessee, October 9, 1812, and was reared on a farm, going to school in winter and laboring on the farm in summer until I was of age. Then, in 1833, in the fall of that year, I emigrated to Morgan county, Illinois, and in the spring of 1834 went to McKendrie College, Lebanon, Ill., and remained there nearly two years, and went from there to Salem, Ill., and commenced the

study of medicine with M. W. Hall, M. D., who had recently graduated at Transylvania University, Lexington, Ky. Previous to attending the school at which my preceptor graduated I studied all the text-books that were used at that time in all the various departments of the profession, and in the fall of 1838 I went to Lexington and attended the lectures of that winter and became a member of the medical society of that institution or school, and in the spring before I left the society presented to me a diploma as a compliment. I came in the spring and commenced the practice of medicine with my preceptor at Salem, Ill., and in the winter of that year the physician that was in Maysville, Clay county, Ill., died, the only physician they had there, and I was so strongly solicited to locate there, I accepted and have remained here ever since, with the following exceptions: My practice extended over so much territory, my health was failing and I needed rest. In the fall of 1843 I was solicited to run for representative in the State Legislature, and was elected and served out the term, returning home much improved in health and again resumed my practice, and in 1846 I moved to Jerseyville, Ill., and got into a fine practice and remained there till the gold fever in 1849 in California got so high I sold out in Jerseyville. I took my little family to Mt. Vernon, Ill., and left them there in the spring of 1850 with a sister of her's and I went overland to California and was gone one and one-half years, and returned to Maysville again, which is now Clay City, and resumed the practice of my profession, and remained here till 1883, when T. J. Pitner of Jacksonville wrote to me to sell out in Clay county and move to Jacksonville and assist him, as he had more practice than he could do. I did so, but in two years my wife's health failed and I was compelled to return again to Clay county, where she had lived so long and enjoyed good health. I will be 89 years old my next birthday, October 9, 1901. Still I am in the active practice; go day or night, cold or hot, wet or dry, in urgent cases. I am admonished by my age that a little extra care must be taken. And I can only attribute my strength of mind and body to strict temperance, discharge of duty and to the blessings of Almighty God.

Dr. F. R. Pitner.

Local Societies.

The Medical and Surgical Society of Western Illinois will hold its next meeting in Jerseyville, August 2, 1901. Essayists, Waldo Fisher, Alton; H. R. Gledhill, Jerseyville; F. P. Norbury, Jacksonville.

H. A. Chapin, Secretary.

The West Chicago Medical Society.

This Society was recently organized with the following officers: President, E. D. St. Cyr; Vice-President, O. G. Wernicke; Treas-

urer, G. M. Dilverberg; Secretary, G. M. Blech; Members of the executive board, A. M. Shabad, F. W. Henkel, J. M. Alecio, and S. Brownstein.

East St. Louis Board of Health.

A board of health was recently organized in East St. Louis, with the following members: Mayor M. M. Stephens, president; City Clerk M. Cleary, secretary; Chief Police Herman House, and Drs. Wilhelmj, W. E. Wiatt, Hansing and Doyle.

The Chicago Electro-Medical Society.

We are informed that this Society will hold its first regular meeting July 30th. The object of the Society is to encourage the interchange of opinion among the medical fraternity on the science of electro-therapeutics. The temporary officers are: S. V. Clevenger, president; E. J. Farnham, first vice-president; J. E. Gilman, second vice-president; R. H. Street secretary; G. G. Burdick, treasurer.

The Wabash County Medical Society met at Dr. G. C. Kingsbury's office, Mt. Carmel, Tuesday, July 23, at 1:30 P. M. The program presented follows: Report of surgical section of Illinois State Medical Society, by Dr. R. J. McMurray. Report of medical section of Illinois State Medical Society, by Dr. N. Leeds. Discussion of malaria, opened by Dr. G. C. Kingsbury.

J. B. Maxwell, M. D., Official Reporter.

The Winnebago County Medical Society held its regular monthly meeting at Rockford, July 9, 1901, at 8 P. M. Dr. C. W. Moyer was appointed secretary "pro tem." Drs. R. D. Williams and S. V. Romig, were elected to membership. The following papers were read and discussed:

Endocarditis, R. D. Williams, M. D.

Pericarditis, A. Green, M. D.

General discussion followed.

A short report was given by Dr. J. E. Allen on American Medical Association meeting. The Society then adjourned.

S. R. Catlin, Official Reporter.

The Stephenson County Society of Physicians and Surgeons held its annual meeting July 11 at the county court room in the court house at Freeport. About thirty physicians were present. Dr. Sheetz of Freeport acted as chairman and called the meeting to order shortly after 2 o'clock. After the regular business meeting Dr. D. B. Bobb of Dakota presented a paper "The Technics of the Connell Stitch in the Intestinal Anastomosis." Dr. D. C. L. Mease also presented a paper on "A Clinical Case—Vesico-Rectal Fistula.

The following officers were elected: President, Dr. S. C. Thompson; vice president, Dr. J. F. Fair; secretary and treasurer, Dr. R. J. Burns. Board of censors, Drs. Hutchins, Holke and B. Erb Brockhausen.

J. F. Fair, Official Reporter.

Physicians' Club of Chicago. The election held June 24, 1901, was for a secretary and three new directors, as the club only elects the secretary and the directors. The following are the officers for this year: Secretary, Dr. L. Harrison Mettler, 100 State st. Board of directors, Dr. John M. Dodson, 34 Washington st., president of the board of directors; Dr. Joseph Zeisler, 100 State st., treasurer; Dr. W. S. Christopher, 406 Center st.; Dr. W. H. Wilder, 103 State st.; Dr. G. Frank Lydston, 100 State st.; Dr. L. Blake Baldwin, 103 State st.

The directors are elected for two years. The three hold-over directors who will serve for one year more are Drs. Dodson, Wilder and Baldwin. Those who will serve for next two years are Drs. Zeisler, Christopher and Lydston. The secretary is a member of the board of directors ex-officio.

The next meeting of the club will take place the last Monday in September.

L. Harrison Mettler, Official Reporter.

The Douglas County Medical Society met in regular session in the K. of P. hall, at Tuscola, on Thursday, May 2d. In the absence of the president, Dr. Abrams of Atwood filled the chair pro tem.

Minutes of previous meeting read and approved. Dr. W. T. Pullian presented a paper on the treatment of **appendicitis**, which was ably gotten up, and the same was discussed by every member present.

Dr. W. E. Rice related his experience with **large doses of sulphonal**.

Dr. J. L. Reat presented a resolution in reference to the sickness of Drs. Blain and Benton.

The annual election of officers resulted as follows: Dr. Abrams, of Atwood, president; Dr. W. T. Pullian, of Tuscola, vice president; Dr. W. E. Rice, of Tuscola, secretary; Dr. J. L. Reat, of Tuscola, treasurer. Drs. McClain of Atwood, Collier of Garrett, and J. L. Reat of Tuscola were selected as delegates to the State Society. The president then selected Drs. Slater of Garrett, E. S. Allen of Arcola and J. R. Wagner of Newman to act as censors for the ensuing year.

Drs. Slater and Colyer of Garrett and Dr. B. H. Devoe of Hume were selected as essayists for the next meeting. There being no further papers or business the Society adjourned to meet the first Thursday in August.

W. E. Rice, Official Reporter.

Calhoun County Medical Society.—This Society as organized in 1896 at Hardin, Ill., with P. C. Berry as president and T. O. Hardesty secretary and the following membership: P. C. Barry, Hardin; Geo. A. Williams, Hardin; M. B. Titterington, moved to Jerseyville, Ill., 1898; F. C. Baecht, Brussels; O. C. Todd, Batchtown; I. S. Berry, Batchtown; J. R. Vaughn, Hamburg; W. A. Skul, Belleview; L. Foiles, Kampsville; S. Southworth, Mozier; T. O. Hardesty, Kampsvills; S. Flatt, Hardin.

We have at present five doctors in the county that do not belong to the Society.

Calhoun county has a population of about 8,000 people.

The Society for the first two years met about four times a year, but since has met two times yearly. July 8, 1901, we held our last meeting, several members being present. We had a good meeting, discussing fevers in general, malaria in particular; also, obstetrical, gynecological and surgical practice, besides discussing the pauper practice, and most interesting way of conducting the Society. The Society has been conducting general clinics at its meetings, which gives life and business to the meetings. The next regular meeting will be held October 14, 1901, at Hardin.

Dr. W. A. Skul of Bellview reports at present two families afflicted with smallpox near Hamburg, Ill.; all progressing nicely. Dr. Baecht of Brussels reported one case there last winter; no more since. All present reported but little sickness now considering the season.

T. O. Hardesty, Official Reporter.

The Aesculapian Society of the Wabash Valley met for the fifty-fourth semi-annual session at Mattoon, May 16, 1901. This is the oldest evergreen medical society west of the Allegheny mountains. It was organized in 1846, and chartered under the laws of Illinois in 1847, thus ante-dating the State Society four years. Its permanent home is at Paris, Edgar County, where the annual meetings are always held, usually in the month of October. The membership embraces 133 from Illinois, and 58 from Indiana, making a total membership of 191. The Mattoon meeting was fairly well attended. The program embraced 11 papers and clinical reports. The evening banquet given by the wives and daughters of the doctors of Mattoon (except Drs. Fry and Parish) could not be surpassed in elegance and plenty, and will be remembered with lasting joy by the 75 visiting doctors who partook of the choice viands most bountifully supplied. Long live the wives and daughters of the doctors of Mattoon (except Dr. Fry's and Dr. Parish's.)

The Society was called to order at 10:30 A. M.

The program rendered was as follows:

1. Membranous Croup... ..Cleves Bennett.
 2. Diphtheria versus Membranous Croup..Bruce D. Parish.
 3. Prophylaxis of Puerperal Fever.....C. Barlow
 4. Syphilis—Some of its peculiar manifestations and treatment by the general practitioner..... ..S. S. Allen
 5. Appendicitis Complicated with Cancer....J. L. Reat
 6. Report of an Obstetrical Case.C. L. Kerrick
 7. History of Case with Post-Mortem Specimens.....J. C. Epperson
 8. Two Cases of Ectopic Gestation.....T. N. Rafferty
 9. Presentations of Cases..J. T. Montgomery
 10. Uterine Fibroids (specimens)..L. J. Willien
 11. Gastrotomy.....J. A. Baughman
- The officers of the Society for the year 1900-1901 are: President, J. A. Baughman, Neoga, Ill.; vice president, F. D. Lynch, Paris, Ill.; sec-

retary and treasurer, H. McKennan, Paris, Ill. Censors, C. Barlow, Robinson, Ill.; W. K. Newcomb, Champaign, Ill.; W. H. Tenbroeck, Paris, Ill.; J. P. Worrell, Terre Haute, Ind.; C. C. Webb, Charleston, Ill. Chairman Section One, W. K. Newcomb, Champaign, Ill. Chairman Section Two, S. M. Rice, Terre Haute, Ind. Chairman Section Three, A. T. Steel, Charleston, Ill.

The fifty-fifth annual meeting will be held at Paris, October 31, 1901.

The Society motto since its organization has been E. Rebus et Ratione Medicine Usus—The practice of medicine rests upon a wise combination of remedies and common sense.

Decatur Medical Society.

The Decatur Medical Society met in regular session on Thursday evening June 27, 1901, with President Dr. Will C. Wood in the chair. The minutes of the previous meeting were read and approved. Dr. Geo. W. Walker of Decatur read a paper on **"The use of pure carbolic acid, followed by alcohol as an antidote in local infectious diseases."** The discussion was opened by Dr. Cass Chenoweth and nearly every member of the Society took part. The general opinion was that it was a valuable remedy in superficial infections. Dr. Wm. Barnes thought that iodoform emulsion was of more value in tuberculous bone disease. Dr. E. J. Brown called attention to the liability of carbolic acid gangrene from the use of a weak solution of carbolic acid as a wet dressing for fingers and toes.

Dr. G. Frank Lydston of Chicago, then gave a lecture on **"Practical points in prostatic surgery."** The lecture was illustrated by drawings and contained many points of interest to the general practitioner. He said in part: The fate of the patient with prostatic hypertrophy depends upon the general practitioner, because it is to him that these patients first come. A common error that the general practitioner makes is to make use of the catheter as soon as he discovers the presence of residual urine. As a matter of fact the presence of residual urine per se, does not cause the frequent micturition of which the patient complains. This is only a factor when it becomes infected by the use of the catheter or otherwise. The frequent micturition is due to irritation of the prostatic urethra and the use of a sound would afford as much temporary relief as the use of a catheter. In regard to the cure of these cases no single operation is applicable to all cases and in those in which there is an atrophy of the bladder, the complete removal of the obstructing prostate will not effect a cure. The Bottini operation is of value in only a small percentage of cases. Dr. Lydston preferred the suprapubic incision by which the operator could get a clear view of the conditions present and remedy as he saw fit. In closing he emphasized the point that prostatic hypertrophy was not a natural result of old age, but was a diseased condition and should be recognized as early as possible. The best results are obtained by early operation before the bladder and kidneys have become weakened and infected.

The president extended the thanks of the Society to Dr. Lydston.

Dr. Wm. Barnes opened the discussion during the course of which Dr. Lydston answered questions and made a few additional explanations.

Dr. John T. Miller the retiring **treasurer** read his report, which on motion was accepted. The president appointed Drs. E. J. Brown, Will Chenoweth and M. V. Lonergan as a **program committee** for the next meeting. On motion the Society adjourned.

C. Martin Wood,
Official Reporter.

The Adams County Medical Society convened in regular monthly session, Monday July 8th. After the reading and adoption of the minutes of the previous meeting a favorable report of the board of censors on the name for membership of one of the homeopathic physicians of our city, was read by the secretary, the application had been made in due form one month previous, inclosing a letter from Dr. E. W. Weis, of Ottawa, Ill., in which he said: "Replying to yours of the 28th, regarding the interpretation of the admittance clause recently adopted at the Peoria meeting, will say that, the only interpretation of that clause will be a standard, probably fixed upon the following lines, 'a written statement, agreement, or promise to the effect that the subscriber will not practice medicine by any sectarian or exclusive system.' This is my understanding of the effect of the rule, and if you can satisfy the local society there to that effect they should accept you."

The written promise, or agreement mentioned by Dr. Weis, accompanied the application for membership. One member of the Society thought that inasmuch as the applicant had not removed his sectarian signs as the word homeopathy on his street signs, newspaper cards, etc., further evidence of his intentions would be advisable and made a motion that the matter be referred back to the board of censors for further investigation, the motion was not seconded.

A motion then prevailed accepting the censors report. A motion was made by a member that the regular order of business be suspended and that the chair be instructed to appoint a committee of three to further investigate upon the application, the motion was seconded. A point of order was made, a member calling for the regular order of business, overruled by chair, but, sustained upon appeal to the Society. Balloting was then proceeded with, which resulted in the rejection of the candidate. The name of Dr. O. F. Wellenreiter was proposed for membership and duly referred to censors. Dr. Anna M. Liesen reported a case of **fibroid pressing upon the nerves supplying the knee joint and giving rise to articular pains simulating articular rheumatism**, the salicylates previously administered, had in no wise alleviated the symptoms, the extirpation of the fibroma was followed by immediate and permanent relief.

Dr. J. K. Riticker reported a case of **diabetes mellitus** in a patient aged 55 years, first attack three years ago, treated with large doses of codeine, heart stimulants, and a properly regulated diet; recovered with loss of great and second toes of right foot, which became gangrenous and were amputated. At a subsequent attack two years later the patient was placed on same treatment and made a good recovery. The number of members present at the meeting was twelve. The regular **monthly clinic** was held at St. Mary's hospital at 10:30 A. M., with an attendance of nine. Dr. Johnston amputated the limb of an elderly lady above the knee joint, necessitated by a fracture a few days previous through an osteo-sarcoma, involving the upper third of the shaft of the tibia. Other cases of more or less interest were shown by members of the staff.—Henry Hart, Official Reporter

The Chicago Academy of Medicine met June 14th.* Dr. A. Gehrman was elected chairman. Dr. Leo Loeb read a paper on "Transplantation of Tumors," illustrated by ten microscopic specimens of transplanted tumors in white rats. In some, the formation of secondary nodules had occurred near the point of transplantation. In others, results of the injection of the cystic fluid so frequently found in transplanted tumors were evident. Injection of this had been followed by the production of multiple tumors. The cells contained in this fluid were probably the starting point of these malformations. The histologic character of the transplanted tumors remained on the whole unchanged. This was the case even when as in one instance three hundred and sixty pieces of a sarcoma of the thyroid gland of a rat had been transplanted into about a hundred and fifty animals in the course of sixteen months. Interesting variations, however, were found showing gradual transition from a tumor (which was at times a typical spindle-cell sarcoma, in which, as a rule, soon after the piece had begun to grow, cysts appeared) to a tumor formation which most pathologists would diagnose as an endothelioma. Two tumors which had ceased to grow were induced to new growth by transplantation of a piece of a tumor either into the same or another animal. Local not constitutional causes hence had prevented them from growing. The physiological character of the tumor also was preserved. There were never any metastases through the lymph or blood channels notwithstanding the extreme contagiousness of the tumor shown in the formation of a local metastases and metastases at places where the implanted piece had just touched a wound during an operation. This was further justified by the result of the injection of cystic fluid. Other specimens showed tumors which had developed despite the fact that the implanted piece had been infected from the outset. The bacteria of putrefaction, as soon as secondary degenerative changes began to take place in the tumor, seemed unable to prevent the tumor from growing.

Dr. Gehrman recalled experiments with paraffin which had produced temporary irrita-

tion, but were without other effect. Dr. Talbot called attention to the fact that the question of constitutional influences was not entirely settled by the transfer of the implanted imperfect growth, since certain structures had a greater power of reproduction in the normal body than others. Dr. Anderson cited the recent experiments tending to show the bacterial the healthy connective tissue cells which formed the healthy connective tissue cells which formed the healthy connective tissue cells, origin of cancer. Dr. Kiernan said that paraffin cancer of the scrotum had long been a recognized condition. In his opinion, since the human body was not an entity, Dr. Talbot's position must be regarded as sound. Cancer was essentially a reversion to embryonic states where cells had had a power of reproduction which they later surrendered for the benefit of the organism as a whole. Dr. Walls held that while Dr. Loeb's results were valuable, further control experiments were needed. Dr. Kuh took the ground that the influence of Hereditary defect as well as bacterial invasion and accidental tumor transplantation required consideration. Dr. Loeb closed the discussion by pointing out that while the embryonic factor had been practically accepted by pathologists, neither its scope nor method of operation was as yet known.

Dr. A. C. Cotton read a membership thesis on "Amaurotic Familial Idiocy," charging it to race defect aided by possible lues. Dr. Kuh had observed cases of this kind. The condition was recognized by neurologists and pathologists. Dr. Walls was of opinion that the relations of this condition to ordinary idiocy had received too little attention. Dr. Kiernan remarked that these conditions occurred among idiots generally. The existence of amaurosis in idiot institutions had been noted for decades. Dr. Talbot pointed out that palatal states could not properly be recognized before the sixth year. Dr. Cotton, in closing the discussion, emphasized the race factor as well as the possible influence of lues.

Dr. W. J. Butler, from the committee on Dr. Cotton's application having reported favorably, he was elected a member.

The next meeting will occur August 31.

Jas. G. Kiernan, Official Reporter.

The McDonough County Medical Society held its fourteenth quarterly meeting in the grand jury room of the court house, Macomb, Ill., on July 9th, beginning at 2 P. M., with Dr. J. B. Holmes, president, in the chair.

The minutes of the January meeting were read and accepted. The secretary of the Committee on Fee Bill being absent on vacation, the same committee was continued and instructed to report at next regular meeting.

The first paper read was that of Dr. T. W. McGaughey, of Pennington's Point, on

"Meddlesome Midwifery."

He states that the widespread opinion that there is a great deal of sepsis in obstetric work in the rural districts is erroneous, and can be found to be without foundation if investigated.

Thinks ergot has no place in obstetric prac-

tice until after delivery and then only occasionally, but finds it being used by physicians before this stage. He would substitute forceps in suitable cases.

Chloroform as a routine should be depreciated. Rupture of membranes before complete dilatation he considered as bad practice and frequently leads to deep lacerations of the cervix.

Urging the patient to bear down in the early stages of labor not only does no good but lessens her strength at the time of the climax.

Douches, either intra-uterine or vaginal, are as a rule not necessary, and as usually given by untrained hands are better left out of the treatment.

Thinks that adherent placenta is rare, and that if the Crede method is properly followed few cases will require the introduction of the hand to remove.

Rigid asepsis before and after delivery is of course imperative. In the discussion following the paper Dr. Hull, of Good Hope, expressed the idea that much harm often followed, especially among the younger men, by their being too anxious to do something, and by too frequent examinations.

He used chloroform in moderation and has for a number of years and has seen no harm follow.

Dr. J. B. Bacon, of Macomb, said that infection had decreased to a marked degree during the last few years. He thinks that those who are in general surgery, opening abscesses and treating gonorrhoea are a danger to a woman in confinement, and should exclude this from their practice. He recommends rubber gloves, sterilized gown and Kelley pad as a part of every man's obstetrical outfit. He does not think it safe for a physician to treat infectious diseases and attend cases of confinement at the same time.

Dr. H. Knappenberger, of Macomb, takes issue with Dr. Bacon, and says it is impossible for a physician to carry gowns, Kelley pads, etc., and states further that most cases are found in a septic bed which cannot be changed on account of time. He thinks that patients have a certain immunity from the effects of ordinary germs, otherwise a large proportion of cases would have infections following confinement. Does not think douches, as a rule, are necessary, and states that he lost one woman, prior to days of asepsis, by advising douches given by untrained nurse, in his efforts to do his duty. He thinks that it is as safe for the obstetrician to go to confinement after being in pus cases as it is for the surgeon to operate on an aseptic case after one of infection, provided the obstetrician observes the same rules of cleanliness as does the surgeon.

Dr. Stremmel, of Macomb, observes that some cases need douches, while others do not. He contends that in the ordinary country practice it is impossible to practice strict asepsis, considering the surroundings and conditions in which the average case is found. Physicians are often given credit for a case of infection when an old pus tube which has been squeezed during the process of labor is at fault, and a

peritonitis follows. He believes in doing all possible to keep clean.

Dr. Holmes, of Macomb, says too much attention is directed to ourselves and not enough to the patient. He insists upon being engaged ahead, and giving such instructions concerning the bed and surroundings as will most nearly approximate our ideal lying-in chamber. In closing the discussion Dr. McGaughey stated that he uses rubber gloves with success and can recommend them.

The second paper was read by Dr. S. C. Stremmel, of Macomb, on

"Treatment of Peritoneal Infections."

He states that the history and progress of the case depends upon the kind of infection and the resistance of the patient. It has been demonstrated that the healthy peritoneum can withstand a large amount of pyogenic cocci introduced, suspended in a fluid culture medium without visible reaction. The infections most often found are the various pyogenic cocci. The most frequent being the bacillus coli communis, the bacillus pyocyaneus, the bacillus proteus, bacillus typhosus, the micro coccus lanceolatus, and the gonococcus.

In order for the best treatment to follow it will be necessary to know the exact form of infection present, which today is not always possible.

The weak points in the abdomen are the appendix, tube ends and gall bladder, and we naturally seek these points first in trying to localize the infection, regardless of its kind.

In the treatment of these cases the first step is to remove the source of infection when possible. Avoid radical operation in the presence of a general peritonitis of four or more days standing, necessitating the breaking up of extensive adhesions. Such cases are better treated by simple incision and drainage. Medical treatment often produces better results than surgery.

The paper was discussed by Dr. Bacon, who cited the work done by Dr. Fred Byron Robinson, of Chicago, in the dead house, demonstrating that many peritoneal infections result from the friction of the psoas muscle upon the surrounding structures, opening up new avenues of infection. He mentioned Lawson Tait as the greatest benefactor to our knowledge of peritonitis and its treatment. He also called attention to peritoneal infections resulting from trauma and ulceration, which were not touched upon by the essayist. Thinks that most cases come from the colon bacillus, but does not regard them as surgical cases as a rule.

In closing Dr. Stremmel enlarged somewhat upon the paper, which he was sorry to have made so short.

There being no more papers the president asked for a discussion on the

Smallpox Scare,

which was at its height in Macomb.

Dr. Adams, of Tennessee, was called upon and stated that he had had about twenty cases in his locality which resembled smallpox, but

which he did not diagnose as such. All recovered and the disease had subsided.

Four cases were reported in the city of Macomb by the board of Health, and all had been quarantined. All could not agree that the disease in question was true smallpox.

Later:—The State Board of Health has pronounced it smallpox, and commended the local board for prompt action taken. No new cases have developed during the past two weeks.

There being no further business before the Society adjournment was taken until the next regular meeting in October.

R. E. Lewis,
Official Reporter.

Morgan County Medical Society.

The Morgan County Medical Society met in regular session Thursday, June 13. Members present: Drs. Adams, Baker, Baxter, Black, Bowe, Caldwell, Cole, Crane, Hairgrove, Josephine Milligan, Harvey, Norbury, Thompson and Reid. Mr. George Stacey as a visitor.

The president being absent, Dr. Cole presided.

The entire time was occupied in hearing reports from the State Society meeting and the meeting of the A. M. A.

Report of the Illinois State Medical Society Meeting.

Dr. Baker: I attended the State Society at Peoria and was glad to note a meeting of rather unusual interest, and it is very manifest that the medical profession of Illinois is better organized and is feeling the needs and benefits to be derived from these annual meetings. My information was that the secretary had an overabundance of papers as early as last November, papers that were agreed upon and the program had already been arranged as early as that time. There were quite a number of papers that were prepared that did not get upon the official program, and so were not read. I had a little experience in that line myself, being invited to prepare a paper and later on I was informed by the president of the Society that Dr. Weis, the secretary, had the program filled up and agreed upon, and it was ready for publication and it did not include all the papers that had been presented, mine among the number. There is no question in my mind but that the new departure of publishing the *Journal of the Illinois Society* has been in a large measure instrumental in awakening the increased interest that is seen throughout the state in the Illinois State Medical Society. The benefits of it, I think, can hardly be over-estimated. Formerly it was the custom to print the proceedings of the Society in an annual book that came out at an irregular time during the year and resembled the Patent Office report a good deal, in being a book which was cumbersome and unused and everybody did not get a copy. There were many physicians over the state that paid no attention to the Illinois State Medical Society. I think the *Journal* has been one of the most potent influences for increasing membership and awakening medical interest in Illinois. We know in our own county, from our own experience with our little *Journal*, that

we have had an awakened interest here that we never had in the history of the Society. The *Journal of the State Society* comes to us once a month and the papers that are read at the State Society in the various sections are printed, and we have time to review them, and we consider them of vast importance, and the only way to possess ourselves of these monthly issues is to subscribe and pay our dues and be in good standing in the Society, and in return we get the proceedings of the meeting once a month, or a portion of it, which is found to be very acceptable to the profession throughout the state, and I have no doubt the membership will be largely increased. I think it is something every physician of Illinois has reason to feel proud of, and there can be but good result from all regular physicians affiliating not only with their local Society, but with the State Society, and in accordance with the adoption of the rules of the Illinois State Society, that is to be imperative; that the standing in the local Society shall determine the membership in the State Society.

Dr. Harvey: There is one thing that Dr. Baker did not touch upon that is the magnitude of the sections; the number of papers in each section in the past has been greater than the time allotted to each section. The value of an article, as I looked at it, is not so much in the paper as it is from the discussion by the various members present which the subject brings out, and the expectation for the future is that the number of papers will be less and more time given to discussion and the papers must also have been read before the local Society before they can be presented to the State Society. In that way we get the better class of papers and as well as fewer in number and the discussion can be more extensive.

Dr. Reid: I was not at the meeting, for that reason I would like to ask several questions from those that were there. I would like to know whether it is decided that only those papers shall be presented before the State Society that have been read in local Societies, or is that still *subjudice*?

Dr. Black: It was decided that for the future only papers read in the local Societies should be presented to the State Society. That might be subject to change when the new constitution and by-laws are adopted.

Dr. Reid: It couples with the assertion that no paper shall be read at the State Society except such as have first been read at a local Society, and that no paper shall be read at the State Society more than a synopsis of which has been published. That would practically rule from the State Society every paper presented to the Morgan County Society.

Dr. Cole: It goes still further, and we find that one to become a member of the American Medical Association has simply to subscribe for the *Journal* and pay his \$5.00.

Dr. Black: No; there are many subscribers that are not members.

Dr. Hairgrove: It may be the fact now, but I am positive that some years ago members could belong and join the American Medical Association without any such provision. We

were visited here by a representative of the Association with the paper blanks to fill out with our subscription price, and that included admission to the Society.

Dr. Black: The constitution of the American Medical Association has always provided that only members of an affiliating society shall be members of the American Medical Association.

Dr. Hairgrove: I saw a man join the American Medical Association at St. Paul last week without being a member of his local society, and he was accepted. I signed his application, and another doctor signed it, and the secretary accepted it.

Dr. Baker: In answer to Dr. Reid's inquiry, papers which the writers might desire to present to the State Society could be very readily omitted; we can hardly expect to have any very considerable number of papers from Morgan county successfully presented at the State Society, for I am aware that some of them fail to get on the program, but the matter could be readily adjusted by simply omitting it from our Journal. We are not compelled to publish it in the Journal.

Dr. Black: I happened to be one of several parties who discussed that resolution a good deal before it was presented to the State Society. The idea was that there were a good many excellent papers read before the local Society every year and that the Societies would largely indicate that the paper was suitable for presentation to the State Society.

Reports of the American Medical Association Meeting.

Dr. Norbury: I was in attendance upon the meeting, which indeed, taken as a whole, was the largest and most successful ever held west of the Alleghany Mountains. There were over 1,900 physicians registered and fully 2,500 in all in attendance, some being non-members.

It is natural on an occasion of this kind for a physician to seek the section in which he is most interested, it being impossible for him to cover the whole field. My time was given up to three sections, viz: Practice of Medicine, Mental and Nervous Diseases, and Therapeutics. In all of these, the most striking feature was the improved manner of conducting the sections, principally in the systematized work, thorough discussion and the limiting of the number of papers to such as could be read and discussed. This is a noteworthy evolution in program preparation and then with the published program, in which appeared the outline of the papers to be read, the authors and leaders of discussion, all indexed, made it possible for one to follow the sections more satisfactorily. Another value of medical discussion, is the arrangement of papers in symposia. In this way, each subject is exhaustively studied and one feels repaid, in every way, in having had the opportunity to listen to such papers. In the section on Practice, **Smallpox, Pericarditis, Cirrhosis of the Liver**, etc., were discussed in this manner. In the section of Mental and Nervous Diseases, papers on **Syphilis of the Brain** formed the symposium, while in the sec-

tion on Therapeutics a most excellent symposium of papers on **Treatment of Pulmonary Tuberculosis** was a valued feature. The contributors being such well known authorities as Solly, Bridge, Burroughs, Minor and Bonney.

The uniform thoroughness and courteous manner of discussion noted in all sections was an inspiration and left everyone with a fixed impression of the dignity and high character of the medical profession of America as well as giving inspiration to study and work in our chosen fields.

The general sessions were interesting and valuable, especially in the work done in promoting the plan for reorganization, which was unanimously passed and in a manner to insure its permanency. The various State Societies will now be called upon to perform their part of the plan. You are all familiar with the plan of reorganization, so it is not necessary for me to go over the details.

The meeting, as a whole, was a success—it was an intellectual treat—a feast of reason characterized by wholesome discussion, and absence of the sensational. There were no startling announcements from some genius who has been nursing a theory, in fact the man with a theory was not much in evidence, because we know that the wholesome friction of free speech and democratic attitude, soon puts a quietus upon the man with a theory unless he has knowledge behind it. There is always somebody present on occasions of this kind who knows more about the subject than the author does himself, consequently, few men dare present themselves for targets unless they are sure of what they are talking about.

Dr. Hairgrove: I will say of the Surgical Section, which I mostly attended, that it was the largest, as well as the best, that I have ever attended. The section of Gynecology and Diseases of Women was fortunately immediately adjoining, so that I was enabled to attend both, without much loss of time. A good many go to these meetings apparently to learn, a certain other number go to exploit, to teach something they think that they know. And quite a sprinkling of the latter are young men but a few years from college. In the discussions it appeared to me that the elder men were more prominent and their utterances more conservative and logical.

I heard some very excellent papers. Those upon **appendicitis** were not few and their discussion most interesting. The dictum of Deaver, that every case of appendicitis should be operated as soon as the diagnosis is made, as usual met opposition. Dr. Moore, of Minneapolis, was a dissenter, saying that it was his habit in talking to the students of his college that he could not advise the student to follow the plan of the skilled surgeon in the large hospitals of our great cities, it would be better to wait than to operate without proper assistance or without proper means for after care. In fact the occasional operator had better leave the work than attempt it. Dr. Deaver said we must teach principles in surgery; that there were too many trying to teach whose trouser seats were not yet cool from the student's bench. Dr. Morris, of New York, said regarding this sub-

ject that surgery was the only treatment, and no doubt most of you have read his vigorous papers in support of this position in the past. He said if a match was burning on his barn floor, he was in favor of blowing it out, no matter who was at hand to blow. The thing to do in appendicitis was to operate, no matter what surgeon was at hand. I would hardly assent to this argument, for I believe surgery may be harmful as well as beneficial, and unless we can operate under favorable conditions, we had better not operate at all. A great many other questions were discussed, among them **the value of the blood count and leucocytosis in the diagnosis of sepsis.** I am pleased to say that the opinion seemed to be that we could not too positively accept the blood count for the determination of sepsis in every case, an opinion which I had for sometime held; that a measure that is purely mechanical cannot be so reliable as are clinical symptoms. **The value of laboratory work and laboratory experience** was given considerable importance and esteemed of much value in diagnosis. Recurring again to the subject of appendicitis, Dr. Deaver reports, if my memory is correct, that 266 appendectomies were made in the German hospital in Philadelphia last year; of these 144 were acute cases, of which 15 per cent were fatal, the remaining 122 cases were chronic or recurrent, only one of which was fatal. These are the figures of an expert specialist, but they are not so remarkable as to cause the less expert to despair.

Dr. Black: I spent all the time in the surgical section. There were three symposia that attracted more attention than any other, one on appendicitis, which has already been spoken of; the first one was on the surgery of the brain and spinal cord. The larger part of the first day was given up to the consideration of operations on the brain and spinal cord, and seven or eight papers were read on various phases of this subject. They were very interesting and very instructive, and showed what could be done, and more plainly still what could not be done, especially as relates to the cord, and in general, that surgery of the cord is not as yet attended with the success that it seems it should be. Dr. Fenger, of Chicago, had a very interesting paper on **Methodical Exploration of the Brain**, which showed how extensively a hollow needle could be used in and about the brain in all directions and in all its parts without any serious damage and often with great success. I think the most important of these symposia was the one on **carcinoma**. The principal paper on that subject was read by Dr. Parks, of Buffalo, who went into some of the newer discoveries along the line of the germ theory.

Going back to **appendicitis**, the address in the section on surgery, read by the chairman, Dr. Ochsner, of Chicago, gave his experience during the past three or four years with cases of appendicitis admitted to the Augustana hospital, Chicago, numbering about 565 cases. He stated that no case had applied for admission to this hospital which had been refused, and that his table of statistics comprised all cases which had been admitted to his service. Not

all were operated on. In general, Dr. Ochsner's method is the withdrawal of food by the mouth, washing out the stomach and nursing and giving the patient water exclusively by the rectum. This plan is carried out if the patient is seen later than thirty-six hours after the beginning of the attack, and continued until the temperature becomes normal. All of his operations, excepting those in the first thirty-six hours of the disease, are made after carrying out a program of this kind. This is such a radical departure from the ordinary dictum in appendicitis that it is exceedingly interesting, and is attracting a great deal of attention for the reason that Dr. Ochsner showed a mortality of 3.5 per cent in 565 cases, including every case which was admitted to the hospital. Eighteen of these were of general appendicitis, of which ten died, eight were saved, four of the eight were operated on. None were operated on until the temperature became normal. In cases of extensive peritonitis not general, but having large abscesses perhaps poorly walled off, the mortality I think was about 20 per cent.

The most important thing which was accomplished at the American Medical Association this year was the adoption of a **new constitution and by-laws**. In the future the Association is to be governed by a House of Delegates. These delegates are to be one for every 500 of the State Societies; in Illinois we have now 1,200 members in our State Society, and will be entitled to three members of this House of Delegates. These will be elected by the Illinois State Medical Society and sent to the American Medical Association to represent Illinois in this House of Delegates. It is provided that the House of Delegates shall never consist of more than 150 members; if the number approaches 150, a new apportionment is to be made. Of this 150, two are elected by each section. The American Medical Association in its scientific department consists of thirteen sections. Each section is instructed and expected to elect two members to the House of Delegates. The House of Delegates will consist of the president of the Association and twenty-six members at large, two elected by each section, and one for each 500 or fraction thereof of each State Medical Society. This will be the body which will transact all the business, elect all the officers, make all the laws that govern the American Medical Association. It will be the Medical Congress of the profession of the United States. It is thought and hoped that this will make a body that will not be unwieldy. We had at the St. Paul meeting an exhibition of 2,500 members getting together in a large opera house and trying to transact business; trying to discuss, for instance, a new constitution and by-laws, and you can well imagine how long it would take for each one to make a little speech on the subject. Historically, the American Medical Association has probably been trying for at least twenty years to succeed in some reorganization scheme which would do away with the unwieldy body to which the Association had grown to be. Dr. N. S. Davis was chairman on a committee for this purpose as far back as 1887 and tried at New Orleans to

consummate a reorganization. It has been tried several times since. I have reason to feel that the plan adopted will be a success. The reorganization does not affect the Society in other ways than in the governing body. The work of the sections is left just as it was before. It is provided also in the constitution that no member of the House of Delegates can hold any office in the Association. They elect all officers, but cannot elect a man who is not present at the meeting. The constitution seems to hedge in such a way that it will be hard to work much politics in the House of Delegates. These members are elected for two years.

In answer to the question of obtaining membership in the sections it is only necessary to make a declaration of what section you want to be classed in when you make your certificate of application. Or rather, you register in any section you choose.

At the next meeting of the Illinois State Medical Society we hope to be able to elect four delegates, two of these to serve one year and two to serve two years. We should have between 1,500 and 2,000 members. It is proposed to make the House of Delegates the section of business, just as we have the section on surgery, only that the section on business is elected in a different way. The fees are no different from what they have been. The only thing that is done away with under the new constitution is the executive committee. The House of Delegates becomes the executive committee. They will likely find it necessary to appoint an executive committee for the House of Delegates. The proposition is still before the Illinois State Medical Society whether or not we will adopt a new constitution and by-laws by which every member of every County Society is made a member of the Illinois State Medical Society. If we do that, the Illinois State Medical Society will at once have over 4,000 members, and instead of electing four delegates to the American Medical Association, we will elect eight. There is a committee appointed in the Illinois State Medical Society to form a new constitution and by-laws to be adopted at the meeting in Quincy next year. This committee consists of five members, and it is really important that we should all think about that during the year.

I noticed in the annual address of the president of the American Medical Association that he called attention to the resolution recently adopted by the Illinois State Medical Society in which it was declared that the **school of graduation should not be a bar to membership**. This resolution was quoted and complimented by the president in his address and it elicited marked applause.

Obituary.

Dr. Myron S. Brown died at his home in Danville, Ill., June 28, 1901, of a complication of ailments. Deceased was sixty-nine years of age and had been in practice at Danville since 1884. Previous to this he was engaged in professional work at Urbana, Ill., where he entered upon the practice of medicine about forty years ago. Shortly after the breaking out of the civil war Dr. Brown entered the 25th Illinois In-

fantry as assistant surgeon and in this capacity did long and efficient service. For a number of years he was secretary of the Champaign County Medical Society and later was honored with the presidency of the Tri-County Medical Society. At the time of his decease he was a member of the Vermillion County Board of U. S. Surgeons for pension examinations. Dr. Brown had the esteem and good will of his colleagues and was a good citizen who in all the relations of life bore his part well and honorably.

Dr. Abram J. Miller died at his home in Paris, Ill., May 22, 1901, in his seventy-ninth year. For a number of years his health had been poor, so poor indeed, that the active practice of medicine was abandoned some time ago. To know Dr. Miller was to respect him. To know him intimately was to entertain an affectionate regard for him. Throughout his whole life Dr. Miller was a hard, close student who kept up with the advances in his profession. Dr. Miller was one of the oldest and most highly esteemed members of the Aesculapian Society of the Wabash Valley.

LIST OF NEW MEMBERS.

Bates, M. D., Chicago, Venetian bldg.
 Frothingham, H. H., Chicago, 4304 Lake ave.
 Hamilton, C. L., Dwight.
 Huizinga, J. P., Chicago, 100 State st.
 Kahn, Harry, Chicago, 4705 Indiana ave.
 Kilgore, J. C., Monmouth.
 Lang, J. Mills, Chicago, 4800 Prairie ave.
 Lewis, G. C., Fairbury.
 Mason, F. M., Rossville.
 McCutcheon, Jas. F., Alexis.
 McCleary, R. B., Monmouth.
 Nichol, Adella R., Monmouth.
 Wray, A. L., Alexis.
 Weatherston, John, Chicago, 43 and Lake ave.

Marriages, Deaths, Change of Address

MARRIAGES.

Dr. Philip Le Sage and Miss Lizzie Meers, of Joliet, June 26.
 Dr. Robt. W. Markley and Miss Myrtle Weltzler, of Huntley, June 26.
 Dr. Burton W. Henderson and Miss Bertha I. Fisk, of Chicago, July 2.
 Dr. C. E. Humiston and Miss Myrtle J. Wheeler, of Chicago, June 17.
 Dr. Herbert W. Rayner and Miss S. Lois McChesney, of Minonk, June 24.

DEATHS.

(Furnished by the State Board of Health.)

Owing to clerical changes in the office of the State Board of Health and to the large amount of work incident to the preparation of the Report on the Investigations of the Water Supplies of the State, the publication of the Official Register of 1901 has been delayed. This Register, which will be thoroughly reliable and complete up to date of issue, will be in press within a few weeks.

Bassett, M. F., in Quincy, July 11th.

Begel, Charles E., in Jackson, Mich., Feb. 3d.
 Blanchard, John, in Hartsville, May 21st.
 Bowen, C. H., in Washington, D. C., March 12th.
 Brown, Myron S., in Danville, June 28th.
 Condell, W. R., in Springfield, July 17th.
 Franklin, Benjamin, in Newark, N. J., Feb. 16th.
 Graham, T. P., in Pittsburg, Pa., April 14.
 Simpson, Wm. L., in New York, N. Y., Jan. 26th.

CHANGES OF ADDRESS.

(Furnished by the State Board of Health.)

CHANGES IN CHICAGO.

Allen, Wm. J., Hahnemann Hospital to 2814 Groveland ave.
 Bechtol, Chas. O., 904 Warren ave. to Dunning.
 Berliont, J., 388 S Halstead to 260 W. Taylor st.
 Bigger, James H., Jr., 1001 Jackson blvd. to 3410 Rhodes ave.
 Biggs, E. L., 370 S. Wood st. to 612½ Madison st.
 Brandt, F. H., 2346 Calumet ave. to Mercy Hosp.
 Brooks, Geo. L., 991 W. Harrison st. to 5241 Indiana st.
 Brown, Janetta I., 6338 Peoria st. to 6414 Green st.
 Cohenour, V. J., 49 24th st. to 11 Congress st.
 Franklin, Isaac J. D., 32 Laflin st. to Tabitha Hospital.
 Graves, Grace A., 116 Lake st. to 2523 N. Avers ave.
 Hanshus, J. W., 117 Wells st. to 210 Grand ave.
 Holmes, Rudolph W., 158 Evanston ave. to 387 N. State st.
 Holverson, H. M., 210 W. Madison st. to 382 W. Madison st.
 Leenheer, Cornelius A., 206 Washington st. to 871 W. 22d st.
 Mahony, J. B., 381 Chestnut st. to 4147 Lake ave.
 Metcalf, Clair F., 2811 Cottage Grove ave. to 2814 Groveland ave.
 Pietrkowski, Alex., 641 to 538 Milwaukee ave.
 Porter, Mary O., 291 S. Lincoln st. to 1410 Jackson blvd.
 Porter, Wm. A., 291 S. Lincoln st. to 1410 Jackson blvd.
 Roach, James J., 5158 Princeton ave. to 5100 Wentworth ave.
 Sauer, Henry E., 398 Wells st. to 100 State st.
 Shiley, Douglas A., 6401 Lexington ave. to Auditorium bldg.
 Smith, Emmett L., 525 43d st. to 451 42d st.
 Tydings, Oliver, 206 Washington st. to 225 Dearborn ave.
 Tucker, Francis S., 100 Laflin st. to 2407 Dearborn st.
 Wynekoop, Lois L., 949 W. Harison st. to 1563 Monroe st.
 White, Herbert A., 252 Ogden ave. to 6500 Harvard ave.
 Zabokrtsky, Joseph, 242 S. Lincoln st. to 819 W. Harrison st.

CHANGES FROM CHICAGO.

Avery, Wilbur M., to Dixon.
 Ballance, Harriet N., to Peoria.
 Coates, Chester C., to Rock Island.
 Corbus, Burton R., to Burlington, W. Va.
 Hanley, Harry H., to Havana.
 Henry, Mary J., to Summer Hill.
 Hobbs, John L., to Nunda.
 Kaeser, Albert F., to Highland.

Leland, John T., to Tintah, Minn.
 Mars, Mary M., to Evanston.
 Maxwell, John C., to Sterling.
 Nate, Raymond J., to Rock Island.
 Parker, Wm. R., to Sterling.
 Rhodes, Ora M., to Bloomington.
 Ringo, G. Royal, to South Bend, Neb.
 Russell, S. Frank, to Macomb.
 Thatcher, Fielding J., to La Grange.
 Tillmont, Chas. P., to Dixon.
 Ulrich, Julius H., to Peoria.
 Wright, Chas. E., to Dixon.

CHANGES TO CHICAGO.

Abele, Ludwig H., to 113 Adams st.
 Blackburn, Mathew H., Dover to 100 State st.
 Cameron, Anson M., Millersburg, Ohio, to 239 N. State st.
 Conover, Sidney, Tustin, Mich. to 34 Washington st.
 Fox, W. H., to 756 W. 59th st.
 Frazee, Chas. M., Osage, Iowa, to 346 Winchester st.
 Graf, Herman F., to 569 N. Clark st.
 Heaton, E. V., Rock Island to 145 Oakwood blvd.
 Peak, John R., Arcola to 3884 Adams st.
 Searls, Josephine D., Aurora to Brown's Hotel.
 Spitz, Milton M., Milwaukee, Wis., to Michael Reese Hospital.

CHANGES FROM ILLINOIS.

Becherer, Albert A., Summerfield to St. Louis, Mo.
 Bohn, Julius C., Jr., Centralia to St. Louis, Mo.
 Laughlin, John, Rantoul to Cloverdale, Ind.
 Love, John G., Savanna to St. Louis, Mo.

CHANGES TO ILLINOIS.

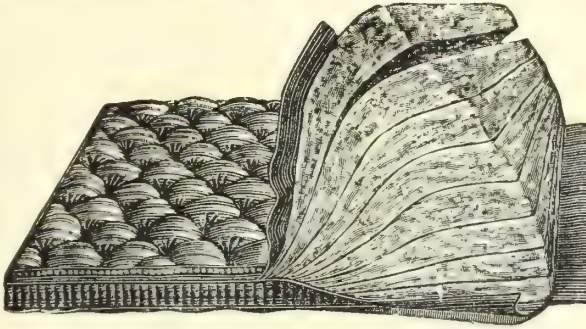
Bath, Thomas W., to Bloomington.
 Burkholder, Chris E., to Jacksonville.
 Davis, Joseph H., to Macomb.
 Dearduff, A. A., St. Louis, Mo., to Bloomington.
 Ferguson, J. G. B., St. Louis, Mo., to Alton.
 Parker, Jordan, to Yates City.
 Pelham, Anna M., to Cambridge.
 Scherer, Elmer A., to East St. Louis.
 Wellenveiter, Otto F., Washington, D. C., to Quincy.

CHANGES IN ILLINOIS.

Bolinger, Jacob A., Springfield to Oakford.
 Brown, Austin I., Cairo to Vienna.
 Farnum, Chas. G., Elmwood to Brimfield.
 Hendricks, B. F., Mount Sterling to Quincy.
 Houston, Wm. W., Good Hope to Carthage.
 Julien, W. Floyd, Mazon to Cardiff.
 Koch, Wesley A., Pekin to Middletown.
 Laben, George J., Moro to Papineau.
 Lamping, Thos. J., Peoria to Moline.
 Le Grand, Daniel W., Freeburg to East St. Louis.
 Mallory, Chas. A., Sterling to Oreana.
 Matlack, James A., Chester to Prairie City.
 McPherson, Warren G., Toledo to Bement.
 Pearson, Chas. J., Morrison to Erie.
 Pyle, Henry G., Pontiac to Rockford.
 Riggs, John P., Roseville to Toluca.
 Shaw, Robert H., Lyndon to Annawan.
 Smith, Orman E., Westfield to Bushton.
 Waggoner, Lyman P., Otterville to Jerseyville.
 Whiteaker, Hall, Cairo to Mound City.

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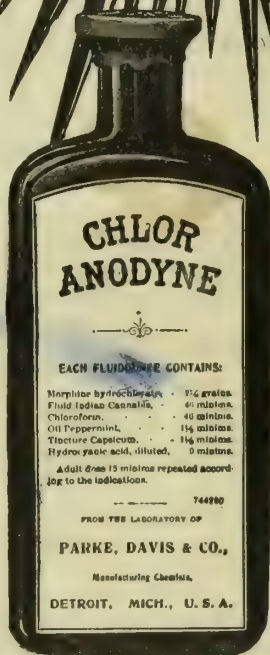
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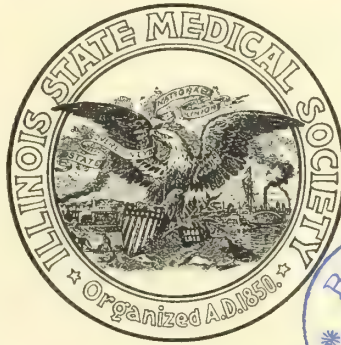
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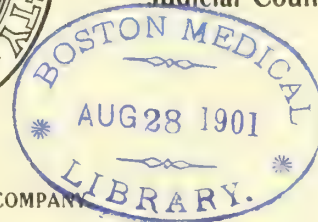
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ILLINOIS Medical Journal

The Official Organ
of the
State Medical Society



Monthly Under Direction
of the
Judicial Council.



Printed by
THE ILLINOIS STATE JOURNAL COMPANY

Entered in the Springfield Postoffice as Second-Class Matter.

Volume LI.
New Series, Vol. III. }
Number 4.

Springfield, Ill., September, 1901.

{ Subscription, \$3 a Year.
Single Copies, 25 Cents.

IMPORTANT REPORT OF LEGISLATIVE COMMITTEE IN THIS ISSUE.

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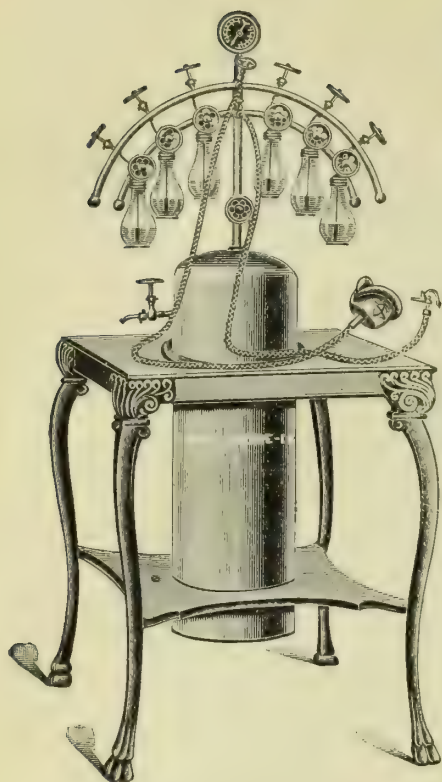
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VOL. LI.
New Series, Vol. III. {
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URIC ACID FALLACIES.*

BY FRANK BILLINGS, M. D., CHICAGO.

In 1847 Sir Alfred Garrod discovered uric acid in the form of a sodium compound, in the blood of a patient suffering from gout.

Since that time various theories have been advanced by many observers concerning the source, the pathology and the effects of uric acid.

Many of these theories have been exploded by the more exact methods of clinical and laboratory examinations of recent years.

Exploded theories are, however, not abandoned at once by the whole profession. Theoretic absurdities, it matter not how inconsistent, are preserved and added to by the least well informed in the profession. Furthermore, the theory which was accepted at one period by the medical profession becomes at a later period the theory and property of the laity.

Therefore, to-day we find the most absurd theories existing concerning the effect of uric acid.

Practitioners ascribe to uric acid all sorts of diseases, morbid changes and symptoms. It not only produces the classic gout but headache, rheumatism, neuritis, meningitis, myalgia, hepatitis, nephritis, neurasthenia, arterio-sclerosis, insanity, acid blood (uricacidemia) depression of spirits, extreme modesty, want of self-reliance, moodiness, irritability and bad temper, unusual mental brightness, skin eruptions, pharyngitis, gastritis, enteritis, bronchitis, asthma, hysteria and many other morbid changes and symptoms. These conditions are ascribed to the effects of *uric acid as a poison*. The literature of the past and present is full

of articles treating of the above named diseases and symptoms due to uric acid.

In practice it is a common remark of the practitioner that the patient suffers from uric acid poisoning and the usual reason given for the opinion is that there is uric acid in the urine.

Sometimes the opinion of the presence of uric acid is based upon the fact that there is a deposit of uric acid or of the urates in the specimen of urine. This is interpreted as meaning an excess of uric acid voided and therefore an over normal amount in the body.

An excess of uric acid is also believed by many to be present when a dark ring forms at the junction of the urine and cold H. N. O. in a test tube.

I have frequently heard a practitioner remark, when questioned concerning the condition of the urine: "There is no sugar nor albumin, but it contains uric acid." Still others would say: "no, I haven't examined the urine, but it looks dark and I believe it contains uric acid."

I feel justified in saying that this absurd proposition of the presence of an excess of uric acid in the body based upon the presence of uric acid in the urine, is stated to me every day by practitioner or layman.

Indeed among the laity it is the almost universal belief that a joint pain, myalgia, neuritis, neuralgia, etc., are due to uric acid. As stated above, the layman's belief of to-day is the discarded theory of the profession of twenty or more years ago.

Unhappily that part of the medical profession who still believe in the uric acid theories of by-gone years, teach and foster the belief in the laymen. How often does one's patient say: "my doctor says I have uric acid."

There is another equally absurd belief

* Address on Medicine, Illinois State Medical Society, May 22, 1901.

concerning uric acid in the urine indicating the chemical reaction of the urine and therefore the reaction of the blood.

How many practitioners tell the patient "your blood is acid, you have uric acid poisoning." Patients frequently say "my blood is acid." To the question how do you know? they answer, "I have uric acid in my urine."

After an uranalysis the patient is most inclined to ask, if he inquires about the urine at all, "did you find any uric acid?"

The quotations cited are but a few of the many absurd inconsistencies which one hears daily about uric acid.

What do we know of uric acid to-day? Unfortunately our knowledge is not yet full and exact. It is rather negative than positive. We know definitely that many of the theories which were formerly believed are not true.

Uric acid is dibasic with the formula $\text{H}_2\text{C}_5\text{H}_2\text{N}_4\text{O}_3$ that is, it has two H. atoms which may be exchanged for two mono metal elements.

Three forms of salts or urates may occur. (1) The two atoms of H. may be saturated with Na. forming neutral sodium urate ($\text{Na}_2\text{C}_5\text{H}_2\text{N}_4\text{O}_3$)

(2) The monometal may displace but one atom of the H. ($\text{NaHC}_5\text{H}_2\text{N}_4\text{O}_3$) forming a biurate of soda.

(3) A monometal may take but one fourth of the displacable H of two molecules of uric acid ($\text{Na}_4\text{H}_2\text{C}_5\text{H}_2\text{N}_4\text{O}_3$) forming a sodium quadriurate. *Uric acid cannot exist as such in the blood.*

Of the three salts the neutral urate cannot exist in the organism and therefore does not take part in the pathologic changes associated with uric acid.

Sodium quadriurate is the form in which uric acid exists in solution in the blood and fluids of the body. It is easily soluble and is unstable and in the blood may unite with the sodium carbonate of

the blood and form the biurate which is stable but not easily held in solution. If in excess, it may be deposited in the crystalline form in joints and other structures.

Uric acid may, therefore, exist in the body in the two forms named, the soluble but unstable quadriurate and the less soluble but more stable biurate.

As the quadriurate, uric acid has been found in the blood of man by many observers. Garrod discovered uric acid in the blood during gouty seizures in 1847 and many observers have confirmed his observations since that time. An excess of uric acid has also been found in the blood in chronic nephritis. In chronic lead poisoning, by Garrod, Klemperer and others. In diseases with leucocytosis like pneumonia by VonJaksch and Solomon and in leukaemia, pernicious anaemia, splenic anemia, in conditions of dyspnoea associated with cardiac and pulmonary disease, by Von Jaksch, Klemperer, Bartels, Borlaud, Horbaczewski and others. In most, if not all the diseases named, except gout, there was present a leucocytosis and the amount of uric acid present was equal to that found in gout.

As the stable but less soluble biurate, uric acid may be found deposited as excretions in the cartilage of joints and the ear and in the various organs of the body.

When dissolved in the body fluids uric acid is therefore always found in the form of the quadriurate.

In this form it is very soluble and at the same time very unstable. When in contact with sodium carbonate in the fluids of the body the biurate is formed. This compound is, as stated, very stable and not very soluble so that when formed in excess in the blood or fluids of the body, precipitation occurs in the form of needle-like crystals and concretions are formed in the cartilages of joints and in the organs where the precipitations takes place. The effect of the quadriurate in solution in the blood and of the biurate as a solid in the tissues will be discussed later.

THE ORIGIN OF URIC ACID.

As uric acid is made up largely of N. it was long believed to result from an incomplete oxidation of the proteids in the liver. That it was an antecedent of urea and therefore occupied an intermediate stage in the formation of urea. This was supported by the fact that uric acid could be further oxidized in the laboratory into urea and other elements. Again it was known that in birds and serpents the excretion of the nitrogenous waste was in the form of ammonium quadriurate. The slow respiration and low bodily temperature of serpents was cited to explain imperfect oxidation and the consequent formation of uric acid instead of urea in these animals. This example of the imperfect oxidation in reptiles to explain the formation of uric acid in place of urea was overthrown by the fact that birds whose bodily temperature is higher than that of mammals and whose respiration is rapid excrete uric acid in place of urea.

It has long been believed that a diet rich in animal proteids would produce an excess of uric acid. This is not wholly true for in the healthy individual a rich nitrogenized diet of either vegetable or animal food will lead to like results; the formation of more urea but with but little change in the amount of uric acid excreted.

It is the amount of proteid, not the source of it, which effects the amount of nitrogenous waste and that has been proved in the healthy individual to effect the urea more than the uric acid.

Many clinicians have confirmed the observation of Virchow that gouty concretions may form in individuals upon a diet poor in animal proteids. In the lower animals it has been shown that the production of uric acid is not dependent upon the diet, wholly. In the urine of the carnivorous quadrupeds the uric acid is very small in amount while the urea is large.

In the carnivorous reptiles the nitrogenous waste of the urine is wholly uric acid.

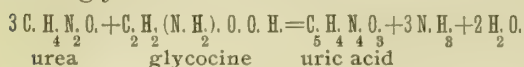
Graminivorous birds excrete uric acid and no urea while the herbivorous animals excrete urea chiefly and but little uric acid.

The investigations of Garrod and Luff show pretty conclusively that uric acid does not exist in the blood in health. Urea on the other hand is always present in the blood. Garrod concludes that in birds and other uric acid excreting animals the metabolism of the tissues is exactly the same as in mammals. He believes that urea is the ultimate product of metabolism and that uric acid is a subsequent product of the union of urea with some other principle, glycocine being one of them. He regards the kidney as the organ whose functions it is to manufacture uric acid from nitrogenized products brought to it in the blood.

One of the arguments against the formation of uric acid in the liver, spleen and connective tissues is that it is never present in the blood of mammals and birds in health. Even in birds Garrod and Luff have shown that urea and not uric acid is present in the blood in health. As the excrement of birds contains uric acid and not urea, it therefore seems probable that urea is one of the sources of uric acid and that the formation of uric acid is effected in the kidney.

Latham's explanation of the formation of uric acid in the kidney is that the amido bodies, glycocine, taurine, leucine and tyrosine are normally converted in the liver into urea. If from any cause the metabolism of glycocine be interrupted, there would be present in the liver urea and glycocine. The union of glycocine and urea would produce hydantoic acid and then hydantoin. Hydantoin is freely soluble and would pass in the blood to the kidneys and then unite with urea and form an ammonium salt of uric acid. The imperfect metabolism of glycocine is, according to this theory, the primary and essential defect in connection with the abnormal formation of uric acid in the human body. The following equa-

tion shows how uric acid may be formed from glycocine and urea.



Horbaczewski produced uric acid by the reaction of urea with glycocine.

Glycocine is a product of metabolism in the human body and is probably one of the antecedents of urea. In man glycocholic acid passes in the bile into the intestine, where it is broken up into cholic acid and glycocine. The glycocine with taurine, leucine and tyrosine pass in the portal blood to the liver and are probably mainly converted by the liver cells into urea. Many experiments have confirmed the view of Garrod, Luff and Latham that glycocine is concerned in the production of uric acid. That the conversion of urea into uric acid by the agency of certain kidney cells is possible and that the conversion is effected by the union of urea and glycocine.

The relation of the liver to diseases associated with uric acid excess has long been noted. If uric acid is found in the kidney from glycocine and urea brought from the liver and if glycocine occur as the result of imperfect liver metabolism, it can be readily understood how disturbances of the liver may effect the formation of uric acid. These views tend therefore to regard the liver as the seat of production of the antecedents of uric acid (urea and glycocine) the final conjugation of these bodies taking place in the kidneys with the resulting production of uric acid by the kidney cells.

Dr. Haig claims that uric acid has two sources: (1) that which is formed in the body from the nitrogenous food, (2) the uric acid which is introduced ready formed into the body, in certain articles of diet. He considers that flesh diet increases both the introduction and the formation of uric acid. His views of the formation and of the methods of increase of uric acid in the body are opposed to scientific facts. His methods of estimating the presence of uric acid in food and

in the fluids of the body are faulty. His views are mentioned only because his book on uric acid has found a wide sale in the United States and his views are often accepted and quoted by practitioners and writers.

Haig advances the theory that normally there is a constant normal ratio of 1 to 33 between uric acid and urea. If the uric acid excretion falls below this ratio it means the retention in the body of uric acid, either in solution in the blood or deposited in joints or the tissues of organs. On the other hand, an increase in the ratio of uric acid to urea means the washing out of the deposited uric acid. No other observer has been able to corroborate Haig's claim of a constant normal uric acid, urea ratio or that any deviation from this ratio is an abnormal condition. Competent observers agree that the ratio of uric acid to urea is on the average about 1 to 45 and that deviation from this ratio may be produced by alterations in diet without effecting the general health.

URIC ACID FORMED FROM NUCLEIN.

In 1891 Horbaczewski showed that uric acid and the alloxur bases, the xanthin bodies could be produced from leucocytes. From a mixture of spleen pulp and blood heated to the body temperature in the presence of air for several hours he obtained uric acid. This led him to look for its ultimate source which he found to be the nuclein of the leucocytes and tissue cells. The process of the production of uric acid from nuclein was oxidation. When the nuclein was heated and the air excluded no uric acid was formed but the alloxur bases xanthin, hypoxanthin guarin, paraxanthin and ademin were formed instead. Complete oxidation of nuclein therefore yields uric acid. Incomplete oxidation results in the formation of the alloxuric bases. Furthermore he was able to convert nuclein into either uric acid or the xanthin group by different degrees of oxidation, but both uric acid and the alloxuric groups could be converted or further oxidized into urea. The close rela-

tion of uric acid xanthin and hypoxanthin is shown by a comparison of the formulas.

C. H. N. O.—uric acid.

$\begin{smallmatrix} 5 & 4 & 4 & 3 \\ C. & H. & N. & O. \end{smallmatrix}$ —xanthin.

$\begin{smallmatrix} 5 & 4 & 4 & 2 \\ C. & H. & N. & O. \end{smallmatrix}$ —hypoxanthin.

While nuclein may yield under different degrees of oxidation uric acid and the alloxuric bases, both of which may be further oxidized into urea, the alloxuric bases can not be oxidized or converted into uric acid nor can uric acid be converted into the xanthin bases.

Nuclein metabolism is therefore the source of the uric acid groups or alloxuric bodies. If oxygenation is sufficient uric acid is formed; if incomplete, the xanthin bases are formed.

Where in the body does this oxidation take place? Preponderance of evidence points to the kidney, although this has not been fully proved. If Garrod and Luff are correct in the statement that uric acid is not present in the blood in health, it would practically settle the question by excluding all organs and tissues but the kidneys in the process.

The formation of uric acid becomes a pathological factor when the normal metabolism of the body nucleins becomes excessive or oxygenation of the nucleins becomes deficient. In either event the formation of uric acid will be relatively deficient while the alloxuric bases will be correspondingly increased.

Horbaczewski's discovery of the source of uric acid and of the alloxuric bases and of the relation of uric acid and of the xanthin bases to urea is recognized and probably accepted by most scientists. There are however good investigators who accept Horbaczewski's theory but believe that uric acid is formed in addition by the kidney from urea and glycocine.

The main fact of pathological importance in the discovery of Horbaczewski is that the alloxuric bases result from incomplete oxydation of the nucleins. That the alloxuric bases have a decided toxic

effect and that upon the resulting lesions produced by them depends much of the pathologic results of uric acid.

THE THEORIES OF GOUT.

The fact that uric acid in the form of the quadriurate exists in excess in the blood of individuals suffering from gout has been already noted.

Garrod and Roberts are the exponents of the view that gout is due to the excess of uric acid in the blood and that the paroxysm of gout is due to the mechanical effects of the deposition of the crystalline biurate in the joints and body tissues. The presence of the crystals in the tissues provokes the inflammation. Roberts is of the opinion that uric acid does not possess any especial poisonous properties and that as long as it remains in solution in the blood and body juices it produces no ill effects. He also believes that the manifestation of irregular gout is due to the urate deposits into the connective tissue and fibrous structures of the organs.

There are, however, writers who contend that the soluble uric acid compound while circulating in the body fluids acts as a poison, producing symptoms of depression, sleepiness, want of energy, headache, etc., etc. That the attack of gout is due to the deposition of crystals of the biurate which mechanically irritates and inherently poison the tissues and produce the characteristic gouty joints.

Ebstein was the first to advance the theory of a preliminary necrosis of tissue before the deposition of the uriate crystals in an attack of gout.

He assumed that the primary irritant was the neutral sodium uriate in solution. That the first step in the gouty process was the stasis of the lymph stream in the tissues followed by infiltration of the tissues in circumscribed areas by the lymph containing the neutral urate in solution. The neutral uriate acts as a chemical irritant and local necrosis results. The process of necrosis results, Ebstein claims, in the formation of an acid which reacts upon the neutral uriate and converts it into the

acid uriate (biurate) which is then deposited in the necrosed area in the crystalline form.

Cutler believed that gout depended upon an affection of the nervous apparatus; Duckworth accepts the view that uric acid has some relation to gout but believes that gout depends upon a functional disorder of a definite tract of the cerebro spinal system, probably situated in the medulla oblongata.

The disturbed nervous influence is believed to act in two ways:

(1) By some trophic disturbance of the joints.

(2) By a disturbance of the liver metabolism through central nervous influence with the resulting over-production of uric acid.

Sodium biurate is very sparingly soluble in the blood. At blood heat the amount is about one part in 10,000. The lessened solubility is due to the saline ingredient of the blood serum. The sodium salts especially diminish the solvent power of the blood serum. The proportion of sodium salts is greatest in the fibrous tissues and Roberts believes that the presence of the sodium salts in relative excess in these structures determines the precipitation of the biurate in those structures. The deposition is further encouraged by the sluggish circulation of fluids in the fibrous structures. Nervous influences which are of a depressing kind influence the deposition of the urates by probably depressing the excretion of uric acid by the kidney with a resulting accumulation of quadriurate in the blood.

Chronic lead poisoning has long been known to influence the deposition of gouty deposits. Furthermore chronic lead poisoning produces invariably chronic paraneuritic nephritis. Defective kidney excretion follows with resulting gouty depositions.

Levison states that granular atrophy of the kidney is always a precursor of gout. Chronic nephritis associated with gout has long been acknowledged. The gouty kidney has been attributed to the effect of

uric acid. The urates in excess in the blood has always been looked upon as the cause of the kidney condition. Luff and others believe the increase of urates in the blood is due to the deficient kidney action and that a pre-existing nephritis or degeneration of the kidney exists.

An injured joint has been noted as an antecedent to the deposit of the biurate in a gouty individual. This is probably due to some impairment of the tissues or to the presence of microorganism in the injured tissue which determines as foreign bodies or because of some secretion in the tissue the deposit of the biurate. Thus after an acute arthritis of rheumatic gonorrheal or traumatic origin a gouty deposit may occur. A diminution of the alkalinity of the blood has been believed by many writers to be a cause of the urate deposit. Haig bases his pathology and therapeutics chiefly upon the degree of alkalinity of the blood.

Luff has shown that the degree of alkalinity of the blood has no effect upon the precipitation from the blood of the biurate or of its resolution from the tissues.

Luff has also shown that the effect of the so-called antilithic treatment by means of the salts of sodium, potassium and lithium have no solvent effect upon urate deposits, nor do they prevent the deposition of the biurates from the blood.

IS URIC ACID TOXIC?

Experiments made with uric acid by feeding it and by daily injections into the bodies of animals have been negative. No toxic effect has followed the use of very large doses. The continued use by injection has not been followed by tissue changes of any kind in the vascular system or in the organs of the body.

In leukaemia and other blood disorders when the kidneys are healthy uric acid as a quadriurate may be often found in excess in the blood and yet no symptoms result as long as excretion is fully carried on by the kidneys.

Its chief pathologic effect is apparently that under certain conditions it may form

concretions in joints, in organs such as the kidney producing calculi or in other organs causing irritation by mechanical means alone.

To what must we attribute the conditions which have been in the past assigned to uric acid?

In 1884 Gaucher discovered that the injection of small quantities of xanthin and hypoxanthin into the bodies of healthy animals produced marked changes in the cells of the kidney. Kolish and Tandler confirmed these experiments. Rachford and others have demonstrated that the xanthin bases will produce many nervous phenomena with increased arterial tension, arterio sclerosis, etc., etc.

Croftan has shown conclusively that degenerative changes occur in the kidney effecting the epithelium of the tubules and of the capillaries of the tubules after the hypodermic injection for months of small doses of xanthin and hypoxanthin.

Sufficient evidence has accumulated since the discovery of Horbaczewski to make it appear probable that to the alloxuric bases and not to uric acid are we indebted for the chief clinical conditions which have in the past been attributed to the toxic effect of uric acid.

Alfred Crofton has very ably expressed the present status of the theories advanced concerning the neucleinic origin of uric acid and the alloxur bases and of the processes which result in the formation of uric acid on the one hand and of the alloxur bases on the other.

From the above rather rambling compilation of the theories concerning uric acid, gout and the morbid conditions which occur coincidentally with gouty states, the following summary may be made:

(1) Uric acid probably does not exist in the blood in health.

(2) Uric acid is probably formed in the kidney from two sources: (a) From urea interacting with some antecedent of urea, probably glycocine in the kidney. The large amount of uric acid excreted by birds and reptiles and the presence in the blood of these animals of urea and

not uric acid points rationally to this source of uric acid in these animals and it is rational to infer that a part at least of the uric acid excreted by mammals, including man, is formed in the kidney in this way. (b) From the neucleins of the body by oxidation probably in the kidney.

(3) That uric acid is not poisonous. That the presence of uric acid in the blood as the quadriurate or biurate probably means that it has been absorbed from the kidneys.

(4) That defective kidneys are the cause of the accumulation of urates in the blood because of insufficient excretion.

(5) That antecedent kidney disease is commonly formed in so-called lithemic states which have often been attributed to the irritating effects of uric acid upon the kidney capillaries and the cells of the tubules.

(6) That the lesions formerly attributed to uric acid are probably due to the toxic effect of the alloxuric bases.

(7) That the presence of these lesions in the kidneys and in the connective tissue elements of the body lead not only to accumulation of the urates in the blood but also furnish a proper condition of tissue for the deposition of the urates as concretions in joints and fibrous tissues.

(8) That the degree of alkalinity of the blood has no influence upon the presence of the urates in the blood.

(9) That the deposited biurate concretions cannot be redissolved out of the tissues by an attempt to increase the alkalinity of the blood and fluid by the use of alkaline medication.

(10) That the presence of concretions of the urates in the body comprise the sum total of its pathologic effects.

(11) That the so-called uric acid diathesis—the influence of heredity, the bad habits of life, alcoholic indulgence, lead poisoning, etc., consists in a condition or tendency to disintegrate a quantity of neuclein far in excess of the amount usually split up with resulting increase of uric acid and alloxuric base formation.

(12) That the condition of the urine as to the presence of uric acid is in single specimens not indicative of the blood state in relation to the presence of urates.

(13) The chemical reaction of the urine bears no relation to the presence of uric acid in the urine and blood, nor does it indicate the chemical reaction of the blood.

SOME OF THE FALLACIES OF URIC ACID ARE THEREFORE:

- (1) That uric acid is toxic.
- (2) That it is a causative factor in any disease except gout.
- (3) That "uricacidemia" meaning acid blood does not exist.
- (4) That the chemical reaction of the blood may be altered by the use of medicinal quantities of the alkalies or by diet.
- (5) That uratic deposits may be dissolved out by the administration of alkalies.
- (6) That lithia is a uric acid solvent of unusual potency.
- (7) That uric acid is an abnormal constituent of the urine.
- (8) That an excess of uric acid in the urine at one time or a deficiency at another time indicates an abnormal condition in reference to uric acid.*
- (9) That rheumatism is due to uric acid.

CONCLUSION.

As stated in the first part of this paper the knowledge of today of uric acid is not so much in the possession of positive knowledge, but rather in the fact that we have thrown aside a lot of theories and absurdities. I hope this paper may have some influence in a dissemination of the facts that most of the old theories in reference to uric acid are dead and buried and that it is not in good form to resurrect or exploit the old skeletons.

100 State St., Chicago.

LIST OF NEW MEMBERS.

Jenkins, James T., Burnside.
Kreider, S. G., Lena.
Sharp, J. M., Stockton.

SURGICAL INTERVENTION IN INTESTINAL PERFORATION IN TYPHOID FEVER.*

BY GEORGE LOUGHEAD EYSTER, M. D.,
ROCK ISLAND.

When in the course of typhoid fever that most appalling accident, intestinal perforation, occurs, it has been the custom for the attending physicians to throw up their hands in despair and inform the anxious friends that a visitation of divine providence has come before which they must lay down their weapons and sorrowfully await the inevitable end which shall waft the soul of their patient from its mortal habitation.

Probably, most of those within sound of my voice have had the experience to sit by his patient's bed in utmost chagrin at his utter helplessness to stay the frightful rapidity with which this complication hurries its victim to the grave.

Experience has demonstrated the futility of any medical treatment in this lesion. Does modern surgery provide a means which will save lives in this direful accident?

Leyden, in 1884, first proposed to treat peritonitis, resulting from perforation of the bowel, by operative measures. In the same year Mikulicz reported three cases of peritonitis which he treated surgically, one of which was thought to be from perforation of typhoid fever. The first definite operation for intestinal perforation in typhoid fever was performed by Kussmaul and Lucke in 1885; in the same year Bouticou of Troy, N. Y., operated on another patient.

Dr. Jas. C. Wilson of Philadelphia, in 1886, was the first writer in English to suggest that operative measures should be instituted in typhoid perforation.

Since then there have been numerous articles in medical literature upon this procedure, notably those of Dr. W. W.

*Read at the Fifty-first Annual Meeting of the Illinois State Medical Society, Peoria, May 21, 1901.

Keen of Philadelphia in 1898 and 1900, where he has made a collection of 158 operative cases from 1885-1899, of which 97 were operated upon by American surgeons. The frequency of intestinal perforation in typhoid fever is estimated variously. Schulz (*Centralblatt für Allgemeine Pathologische Anatomie*, 1891), states perforation took place in 12 per cent of 3,686 cases in Hamburg in 1886-1887.

Liebermeister (*Ziemssen's Handbuch Pathol. und Therapeut*, 1874), found perforation in 1.3 per cent of 2,000 cases in Basle between 1865 and 1872. Holscher (*Münche Med. Wochenblatt*, 1891), found perforation in 6 per cent of 2,000 cases.

Murchison (*Continued Fevers*, Second Edition, 1873), found 11.38 per cent in 1721 cases.

Fitz (*Transact. Assoc. Amer. Physicians*, 1891), in 4,860 cases found the mortality was 6.58 per cent, which may be accepted as also fairly representing its frequency.

Murchison estimates the mortality in general from typhoid perforation at 90 per cent and in those cases in which general peritonitis ensues at 95 per cent.

According to Fitz in 444 cases of perforation 71 per cent occurred in males and 29 per cent in females.

Statistics indicate that it rarely occurs in children.

DURATION OF LIFE AFTER PERFORATION.

In a table of 134 cases there died on—

First day, 37.3 per cent.

Second day, 29.5 per cent.

First week, 83.4 per cent.

Second week, 9 cases.

Third week, 4 cases.

Thirty days, 1 case.

Thirty-eight days, 1 case.

The time at which perforation most frequently occurs is in the second and third week. The large percentage of cases occurring in persons from twenty to forty years of age. The site of perforation is usually in the ileum, if not there then the caecum, appendix and

sigmoid flexure of the colon should be examined. Hawkins (*London Lancet*, 1893), in 72 cases found 61 in ileum, 3 in caecum, 3 in appendix, and 5 in colon.

Perforation is almost uniformly single, but is occasionally multiple. Fitz reports in 167 cases, single perforation in 138, multiple in 29.

If the perforation results from the ulceration of a solitary follicle it is apt to be small and round. If it results from ulceration of a patch of Peyer, it may be oval or round and will be much larger and may even involve half the circumference of the bowel. Sometimes shreds of tissue will be left partially closing the opening, at others the opening is total and clean cut. Sometimes there is a tolerably wide area around the opening in which the intestinal wall has been greatly thinned.

Of 80 cases in which a record was made by Fitz of the symptoms it was found that in 60 cases the onset was sudden, in 15 cases the symptoms were gradual or latent, while in 5 cases there were no symptoms pointing to perforation.

The symptoms of perforation in typhoid fever are not generally considered to be so marked as to render recognition of the complication easy and certain. There is sudden onset of severe pain in right iliac region, soon becoming general over the abdomen, early and recurrent vomiting, rigidity of the abdominal wall, which may be retracted but is usually distended; costal breathing, and such signs of collapse as a fall of temperature, pale and pinched features and a rapid small pulse. As reaction sets in the temperature rises, the general surface becomes livid and covered with cold clammy perspiration and with the escape of gas into the peritoneal cavity, the area of liver dullness in front and at the side becomes tympanitic. We should not overlook the fact, however, that symptoms identical with the most severe ones resulting from perforation of the intestine, may be due to perforation or rupture of the gall bladder, to sloughing of a

mesenteric gland, or to rupture of a splenic abscess.

Herringhouse and Bowly (British Med. Jour., 1897), record a case in which symptoms pointed to perforation, yet at the operation only scybala in the colon was found.

Keene (The Surg. Comp. & Sequels of Typhoid Fever, 1898), gives as other causes for typhoid peritonitis than perforation, rupture of mesenteric glands, abscesses of the abdominal wall, abscess of spleen and perforating ulcer of the gall bladder. Cushing (John Hopkins Hosp. Bulletin, 1898), refers to what he calls a pre-perforation stage and attributes the early complaints of pain to a slight involvement of the serosa and possibly omental adhesions. Pre-perforation stage, including the whole period between the first involvement of the serosa, with the formation of customary adhesions which may for a time constitute the floor of the ulcer after the serosa has given way and themselves become broken down and permit general peritoneal infection.

Monad and Van Verts (Revue De Chirurgie, 1897), state that in their study of this condition adhesions, however slight, almost never occur when the perforation is situated in the ileum, and they further state that the peritoneal infection is not always a rapid fulminating process, that it may occur slowly from what they call "propagation," that is a migration of the bacteria through the necrosed and damaged intestinal coats and that this form of infection is no less worthy of consideration than the rapid infection from sudden intestinal rupture and extravasation of intestinal contents.

The pre-extravasation stage properly means a period of time after local peritonitis has taken place, in which there is no extravasation of intestinal contents; either because of the necrosed portion of the intestinal wall remaining in place without dropping out, or because of adhesions. Local infection of the peritoneum causes pain of greater or less severity. This pain may not be complained of in the very sick and stupid typhoids, but in milder cases

may be just as prominent a feature as the pain from local peritoneal infection of appendicitis before perforation has taken place. Warren (Transac. Amer. Surgical Assoc., Vol. XVIII, 1900), says that out of 21 cases the early pain and tenderness was present in all but 7 cases; of these five were mild cases in which sudden rupture of the serosa and extravasation took place; two with equally sudden symptoms, operative procedure disclosing advanced general septic peritonitis, had been so sick and stupid that it was impossible to diagnose the beginning of the general infection. Fourteen cases had early warning, earlier by definite number of hours than severe symptoms, and all these cases were found to be far advanced in general peritonitis at time of operation. The early symptoms meant beginning of peritoneal infection. The severe extravasation of intestinal contents and general peritonitis. Complaints of abdominal pain in cases of typhoid fever point to beginning of peritoneal infection through a pre-perforative stage or to a slow peritoneal infection through a perforation with or without temporary adhesions or to a beginning infection from some other source than the intestine.

No abdominal symptoms either subjective or objective, occurring in the course of typhoid fever should be regarded as trivial and sudden change of any sort in the patient's condition should lead first of all to a suspicion of this most serious complication. One very important symptom which indicates perforation and which has only recently been observed, is the presence of leucocytosis. Though the presence of leucocytosis is not an infallible sign of perforation, as it may disappear with the onset of general peritonitis, it is most valuable in the anticipatory stage. According to Thayer (John Hopkins Hosp. Bulletin, IV), there is no increase in the proportion of white blood corpuscles during the fever but rather a slight diminution of their number. During the fever the number may fall below 2,000 and sometimes below 1,000 per cubic millime-

ter. The lowest count seeming to be about the end of the third week. Numerous reported observations indicate that the occurrence of leucocytosis during the course of the fever may quite properly be considered as coincident with the presence of some septic complication other than the surface ulceration of the intestinal tract. Of course the existence of a septic focus, or an abscess or a septic phlebitis elsewhere than the abdomen might also furnish cause for leucocytosis. Cushing (John Hopkins Bulletin), draws the following conclusions from data observed:

1. The appearance of leucocytosis in the course of typhoid fever points toward some inflammatory complication in its early stages.

2. If this complication be a peritonitis and remain localized, associated possibly with a pre-perforative stage of ulceration, or with a circumscribed slowly forming peritonitis after perforation it may be and usually is signalized by an increase of the leucocytes in the peripheral circulation.

3. If, however, a general septic peritonitis follow, the leucocytosis may be but transitory and overlooked, as it disappears concomittantly with the great outpouring of leucocytes into the general peritoneal cavity. The distinctive diagnostic features of perforation then are sudden and decided abdominal pain, associated with an abrupt fall of temperature.

Hemorrhage is accompanied with a sudden fall of temperature, but not by sudden increase of abdominal symptoms. Leucocytosis is a confirmatory sign. Resonance over hepatic region is a distinctive feature, though this sign is frequently absent.

In cases of typhoid fever of great severity with marked delirium and distention of the abdomen the symptoms may all be masked, as indeed they may in cases of great debility. It is well to emphasize the fact that even in mild cases of fever, perforation may occur without the fulmi-

nant symptoms and are accustomed to associate with this lesion.

The diagnosis having been made and surgical intervention determined upon, what should be the selected time for operative procedure?

Keene's table showing recovery rate of operation according to number of hours after perforation occurs would indicate that the best results are to be obtained when operation is done during the second twelve hours following the accident. This should not be taken though as an iron bound rule, as each case may differ in the rapidity with which it reacts from the shock produced by the accident. It may be taken as a rule that the time to operate is as soon after reaction occurs as consistent with proper preparation.

Osler (London Lancet, Feb. 9, 1901), urges the need for prompt recognition of intestinal perforation; showing that 25 per cent of the deaths from typhoid fever are due to this complication and states that in his hands from 30 to 40 per cent of the cases of perforation have been rescued from death by timely surgical intervention. To obtain success certain elements seem to be necessary.

The identity of the accident must be recognized at once before the diffused septic peritonitis effaces all hope of preserving life.

The lesion must be susceptible to surgical treatment; wide spread infiltration of the intestine or worse extensive sloughing would contra-indicate operation. Of course these conditions cannot be accurately determined before operation and the surgeon must, therefore, be prepared to find it impossible to complete his work in a certain number of cases.

The physical condition of the patient must be such as will enable him to withstand the strain of the operation.

In connection with this point it is well to remember that the shock of the operation has not proved so fatal as might have been expected. Osler records a case which during an attack of typhoid fever

was operated upon twice for intestinal perforation, and had the abdomen opened a third time on the supposition that another perforation had occurred without fatality.

A prime element of success in operating is rapid and careful surgical skill, avoiding unnecessary manipulation of the bowels.

There seems to be a unanimity of opinion among operators that the use of local anaesthesia as eucaïne or cocaine instead of a general anaesthetic increases the probabilities of success; where a general anaesthetic is used ether is preferable.

In the operative technique the ordinary asepsis of laparotomy should be carefully observed. In my opinion the incision should be in the median line, unless a distinct exudate can be outlined to the right in the region of the appendix. The incision should be free enough to admit of rapid work. The appendix should first be inspected, then the ileum and so on until the perforation is found. The edges of the perforation can usually be inverted and closed by the ordinary Lembert suture or better a Halstead mattress suture. Where the perforation is very large, closure may be aided by the use of omental graft as practiced by Legnue (*Revue de Chirurgie*, Feb., 1901). Where perforations are multiple or large the condition may require resection of the bowel. But where this procedure has been necessary the cases have usually died. It is perhaps better in such cases to resect the damaged portion of the bowel and leave a temporary artificial anus without attempting immediate enterorrhaphy. The cleansing of the peritoneal cavity should always be most complete and thorough, by profuse washing out with hot normal salt solution or sterile water. This may be greatly facilitated by gently insinuating a long glass irrigator into various portions of the peritoneal cavity. In some cases it is well to supplement the toilet by wiping with sterile gauze.

Unless the cleansing of the peritoneal cavity is done with the most scrupulous

care the operation will probably prove of little avail.

In the larger number of cases drainage, in some form, capillary, tubular or combined, should be employed, though in a certain number of cases it may be well to fill the abdomen with normal salt solution and close without drainage.

Keene, in his book on "The Surgical Complications and Sequels of Typhoid Fever, 1898," gives a table of 83 cases operated upon by various surgeons, in which there occurred 67 deaths and 16 recoveries. This number was increased to 158 cases in an article by him in the *Journal of the American Medical Association* in 1900, with 121 deaths and 37 recoveries. Since then so far as I can find in careful research of current medical literature, there have been reported the following cases:

Houchard *Bull. et Mem. De la Soc. Gueniot Anat.*, April, 1899—Death.

I. J. Mayer (*Penn. Med. Jour.*, 1900)—Recovery.

Marsden (*London Lancet*, 1900)—Recovery.

Davis (*Presse Medicale*, Dec., 1900)—Recovery.

Legnue (*Revue de Chirurgie*, Dec., 1900)—Recovery.

Warren (*Transactions of Amer. Surg. Asso.*, Vol. XVIII, 1900)—22 cases—19 deaths, 3 recoveries.

Loison (*Revue de Chirurgie*, XXIII, 177-1901)—Recovery.

Legnue (*Revue de Chirurgie*, XXIII, 284-1901)—Recovery.

Legnue (*Revue de Chirurgie*, XXIII, 284-1901)—Recovery.

Rochard (*Revue de Chirurgie*, XXIII, 284-1901)—2 deaths.

M. Rontier (*Revue de Chirurgie*, XXIII, 285-1901)—Death.

These cases, together with those compiled by Keene, making a total of 191 cases of operation for intestinal perforation in typhoid fever reported from 1884 to Feb., 1901. In which there occurred 144 deaths and 47 recoveries; being a recovery rate of 29.89 or nearly 30 per cent.

Where the only alternative is almost certain death, these results should give to even the timid man courage to perform an operation which gives so fair a chance for the saving of human life.

Discussion.

Dr. A. E. Halstead, of Chicago: Mr. President—The statistics of recoveries following operation for typhoid perforation are unreliable, for the reason that men report their successful cases and not their fatal ones. Those who have a uniform mortality of 100 per cent following operations for typhoid perforations never report their cases. I have had some experience in operating for typhoid perforation. I have operated on three cases of perforation following typhoid fever, and they have all died. To my personal knowledge, at the Cook County Hospital during the last five or six years there have been six or seven cases operated on, and they have all died with possibly one exception, and none of these cases have been reported. Statistics, therefore, in regard to this operation, like those with reference to a great many other operations, are practically worthless. We have to report the whole number of cases operated on, and if this were done we would find that the mortality is very high. The mortality usually given of cases not operated on is 90 per cent. The success of operation in these cases will depend largely on the kind of infectious agent that is thrown out from the bowel into the peritoneal cavity. Where we have streptococcus infection, or mixed infection with streptococci, we shall find that the patients succumb to peritonitis. In those cases where we have a mild infection from the colon bacillus, even then there is little chance for the patients to recover from this infection.

As regards the danger of shock from these operations, I have noticed one patient in the most extreme shock, but the administration of ether had dissipated the shock to a certain extent, and the patient was better during the operation than before. I consider the presence of shock following perforation of the intestine from typhoid fever no contraindication to operation. If we are going to operate at all, we should do so at once. The reactive stage that follows perforation of the intestine simply shows that the patient has some resistance left. It is in that particular class of cases, where there is some reaction, that we get recoveries following perforative peritonitis. But the cases in which there is no reaction prove fatal.

Dr. William E. Schroeder, of Chicago: I am glad that my friend, Dr. Halstead, has expressed his views as to the results and statistics of operations for perforation in typhoid fever. I have been unfortunate to have two cases within the last two years. Both died. The first case was that of a man in whom the perforation was of thirty-six hours' duration. He was transported some distance; an operation was done through the right side of the rectus muscle, the Langenbeck incision made as for appendectomy; the wound was sutured; normal salt solution

was administered, and drainage provided for, patient died forty-eight hours later of general peritonitis.

The second case was an unusually favorable one. It occurred in the hospital; the perforation occurred low down. The man had developed a general peritonitis. At the time of the occurrence of the perforation he had some pain, but not much, and it was decided it was not a perforation of the intestine because the severe symptoms had subsided. For a short time he was watched, and then operated on. In opening the abdomen a small hole was found not larger than a pea. This was sutured, and drainage established as in the previous case, but the patient died forty-eight hours later of general septicemia.

As to the anesthetic, I fully agree with Dr. Halstead; even though the patients come in and seem almost semi-moribund, the use of ether is distinctly a stimulant rather than a depressant.

As to the use of local anesthetics, where I have used them for abdominal work, for strangulated hernias, etc., or spinal anesthesia, it is uncomfortable. In spinal anesthesia we have uncontrollable vomiting which would be distinctly detrimental to the operation for perforation of the intestine.

I am an advocate of early operation. We are indebted to Kittredge Williams and others for the work that has been done on the intestinal tract. They have demonstrated that in the normal intestinal tract, particularly in the ileum, there are no germs to speak of. That is why cases of gunshot wounds on the left side or of the duodenum are much more apt to recover than those that occur lower down; because of this condition of pathogenic germs in the ileum, I would advocate early operation as the only hope. To relegate these cases to medical men would be wrong. While the statistics are not very reliable of these cases, and the mortality is greater than that which is recorded, yet I think the prognosis is not altogether unfavorable in the early operated cases.

DOCTORS' CONTRIBUTIONS TO SCIENCE IN THE PAST 100 YEARS.*

BY JAMES L. REAT, M. D., TUSCOLA, ILL.

The time limit of this paper makes it impossible to dwell upon details or even to hint at minor discoveries. A summary rather than an analytical view must be taken.

At the dawn of the Nineteenth century John Dalton was presenting to scientists his theory of the chemical atom. He saw

* A Paper Read at the Annual Meeting of the Æsculapian Society of the Wabash Valley, May 16, 1901.

that the hypothesis, if true, furnished a key to secrets of matter hitherto unsolvable, but his contemporaries were little impressed with the novel atomic theory, until Berzelius, a medical practitioner of Sweden, proposed to improve upon the method by substituting for the geometric symbol the initial for the Latin name of the element represented. ("O" for oxygen, "H" for hydrogen and so on.) This simple system soon gained general acceptance. Now every schoolboy is aware that " H_2O " is the chemical way of expressing the union of two atoms of hydrogen with one of oxygen, to form a molecule of water. But such a formula would have had no meaning for the wisest chemist before the days of Berzelius, the country doctor.

There were giants abroad in the early days of the past century, and among them there was no taller intellectual figure than that of a young Quaker who settled in London to practice the profession of medicine. The name of the young aspirant to medical honors and emoluments was Thomas Young, who possessed a splendid mental equipment, and according to Dr. Williams' estimate of his merits, he deserved a niche in the temple of fame not far removed from that of Isaac Newton.

This young doctor's theory of light and color marked an epoch in physical science, for here was brought forward, for the first time, convincing proof of that undulatory theory of light with which every student of modern physics is familiar—the theory which holds that light is not a corporeal entity, but a mere pulsation in the air, in liquids or solids.

In the science of physics no man has done more than Dr. Julius Mayer, a practitioner of medicine in the little German town of Heilbronn, who, in 1842, published his views on the forces of inorganic nature, in which the entire doctrine of the conservation of energy change in molecular arrangement, was explicitly stated, while two years earlier, while cruising in the tropics, he had observed that the venous blood of a patient seemed redder than the venous blood of a patient usually is observed to

be in temperate climates. This taught him that the cause must be that the lesser amount of oxidation required to keep up the bodily temperature in the tropics and that the body was a machine dependent upon outside forces for its capacity to act. Here, then, was the obscure physician, leading the hum-drum life of a village practitioner, yet, as his biographer says, he was seeing visions such as no human being in the world has ever seen before.

In the broad field of botanical sciences, Dr. Asa Gray ranked among the leading botanists, not only of America, but of the world. After practicing medicine for a time he relinquished it for his favorite study, coming forward at a time when the old artificial systems of botany were giving way to the natural system which has taken their place, and was the first in America, in conjunction with another physician Dr. Forry, to arrange the heterogeneous assemblage of the specimens upon the natural basis of affinity. When we call to mind the fact that science is the offspring of order, and where the latter is wanting the former cannot exist, a proper appreciation can be placed upon the great work of these two men.

Dr. Gray accepted the theory of natural selection, declaring that it could be reconciled with the strictest creed, yet, in opposition to Darwin, maintained that variation was guided by an intelligent power.

In all the realm of biology, none stands higher than Bichat, the French physician, who held an appointment in one of the hospitals of Paris, where he carried on his investigations in anatomical and physiological research until he became one of the most noted scientists of his day. He was the first man to simplify anatomy and physiology by reducing the complex structures of the organs of the body to the simple or elementary tissues that enter into them in common. He developed another luminous idea—that man, including the higher order of vertebrates, has two different sets of organs—one set under volitional control and serving the end of locomotion, the other removed from volitional control and

serving the ends of "vital processes" of digestion, assimilation and the like. He called these sets of organs the animal system and the organic system, respectively.

Claude Bernard, another Frenchman, to whom we owe much, who became a noted physiologist, studied medicine in Paris, graduating in 1843. His first contribution to science of an original character was that on the function of the pancreas, in which he demonstrated that this viscus is the true agent of the digestion of fatty bodies; then came his researches on the glycogenic function of the liver, establishing the doctrine that blood which enters the liver does not contain sugar, while blood that leaves that organ and goes to the heart via the inferior vena cava is charged with it. He also showed the influence of the nervous system on this function and produced artificial diabetes by division of the pneumogastric nerve.

Magendie, who was called the unscrupulous vivisector, was a practitioner of medicine during the earlier years of his professional life, was engaged in hospital practice in Paris, was the first man to prove experimentally that the veins are organs of absorption. He performed an important series of experiments on the cause of death when air is admitted into the larger veins. He also determined the function of various nerves and of different parts of the brain, and with Sir Charles Bell, another physician who practiced medicine for a time in Edinburgh, and then in London, shared the honor of having discovered the separate functions of the two roots of the spinal nerves. Both men were eminent in science.

Marshall Hall, who died in 1857, was the most famous physician in his day, and in his special field of science was a master. His name is best known in connection with his observations in regard to the reflex function of the nervous system. He taught that all physiology exists in the caterpillar or the butterfly, if we could only detect it. He said the least of God's works are infinite.

Dr. Joseph Leidy, of Philadelphia, graduated in medicine in 1844 and served with

distinction as a medical officer during the War of the Rebellion. He has been called the American anatomist, and was the first to find cysts of trichina in pork. Later it was demonstrated that the parasite gets into the human system through ingestion of infected meat, and that it causes a definite set of symptoms of disease which, prior to these discoveries had been mistaken for rheumatism, typhoid fever and other maladies; but the greatest value of the discovery of trichina was in the direction of scientific medical knowledge, directing attention to the subject of microscopic parasites in general, making it clear that not merely animal, but also vegetable organisms of obscure microscopic species have causal relations to the diseases with which mankind is afflicted.

The discovery of the pain-dispelling power of the vapor of sulphuric ether when inhaled was of greater immediate importance to humanity than any other discovery that had come in the century, perhaps in any field of science, and it was solely American—but that which had been thought impossible, the miraculous even, had happened. By one of those coincidences so common in the history of discovery, a medical practitioner of Alabama, by the name of Dr. Crawford W. Long, was experimenting with anaesthetics at the same time that Dr. W. G. Morton of Boston was investigating the subject. In addition to its direct beneficences, anaesthetics have gone far to aid in the progress of science by facilitating experimental studies of animals.

In the realm of psychology, that branch of metaphysics which may be briefly defined as the science of mental phenomena, the leader on this side of the water was Dr. Benjamin Rush, the Sydenham of America, who led the reform movement here in the interest of the insane. Daniel H. Tuke, a medical practitioner of England, raised a revolt against the traditional custom which, spurning the insane as demon-haunted outcasts, had condemned persons of unsound mind to dungeons, chains and the lash.

Esquirol, one of the greatest physicians of Paris, and a contemporary of Drs. Rush and Tuke, secured the appointment of a commission in 1818 for the remedy of the abuses in mad-houses, and by their united efforts humane and scientific treatment of the unfortunates was inaugurated.

I should like to speak of Drs. Draper of New York, Virchow of Germany and others, yet a mere catalogue of names of physicians and their valuable contributions to science during the Nineteenth century cannot be attempted at present.

But as all advances in any of the sciences have a bearing near or remote on the welfare of our race, I wish to refer to a man who died in 1823, who at one time was a pupil of the celebrated Dr. John Hunter, and afterward settled at Berkely, a town of less than a thousand inhabitants, to practice his profession. This country doctor's discovery, though in embryo, a contribution from the Eighteenth, but in its power of direct and immediate benefit to humanity during the Nineteenth century surpassed any other discovery of this or any other epoch, making another grand triumph of experimental science.

He was voted a grant, honors were conferred upon him by foreign courts, and he was elected an honorary member of nearly all the learned societies of Europe. Of all the great names that were before the world during the past century there was, perhaps, no other one at once so widely known and so universally revered as that of the English physician, Edward Jenner, the discoverer of vaccination.

ANGIONEUROSES.*

BY FRANK P. NORBURY, M. D., JACKSONVILLE.

Angioneuroses are best studied in groups; their clinical importance and recognition are thus emphasized. Such a grouping cannot be made except by prolonged observation of the phenomena of this peculiar class of disorders, and because there are many unsolved problems associated

with these neuroses of which etiology is chief. Spiller of Philadelphia, has raised the question as to whether or not they arise from gastro-intestinal intoxication? (Progressive Medicine Sept. 1900.) And questions very much whether the sympathetic nerve is chiefly at fault. These questions naturally suggest the primary question viz: "What is meant by angioneuroses?" For an answer we give Dana's definition which is concise and to the point viz: "The term given to disorders of the vaso-motor centers and nerves." This definition in itself implies that angioneuroses are affections of the great sympathetic because the vaso-motor centers and nerves are parts of the *great sympathetic* and as such are subject to the characteristics and whims of this most wonderful automatic mechanism, viz:—always active, always alert and always on duty. It is not to be understood that the whole of the sympathetic is involved at once, because indeed this is not so, but we may have as part of the phenomena occasional disturbance of all the links, viz:—the cephalic, cervical, mammary, abdominal and pelvic. It is rare, however, to notice that all are disturbed at one time, except in the affections of the menopause. We should take into account the fact that vaso-motor nerves control the caliber of vessels, and branches are sent to all parts of unstriated musculature, viz:—muscles of the blood-vessels, stomach, intestines, bronchi, lungs, urethra, bladder, uterus and muscles (unstriated) of the lid and to the sweat and salivary glands. The disturbance of this vast nervous function produces a neurosis. The disturbance then is primarily a nervous affection of the vaso-motor center and nerves—a true angioneurosis, and when we remember that the chief office of the sympathetic is to preserve the tone of vessels, then this disturbance of tone is the angioneurosis.

ETIOLOGY—The neuropathic diathesis founds the basis upon which these neuroses are established. Occasionally we may find no such history, but in its stead the arthritic diathesis, which neurologists have learned to consider as of almost equal importance

*Read at the Fifty-first Annual Meeting of the Illinois State Medical Society, Peoria, May 21, 1901.

in certain nervous affections. These neuroses occur in organic diseases of the brain and spinal cord. I have seen them among the insane in cases of melancholia, paretic dementia, also in cases of cerebral syphilis; in multiple sclerosis of the brain and cord; in locomotor ataxia; in cerebral palsies of childhood; in congenital imbeciles. Most of the cases seen in private practice are among the neuropathic and are unaccompanied by organic disease. Heredity is a factor—as it is in all neuroses. The source of predisposition may be by direct transmission as reported by Osler. My experience has been that most all cases, show an ancestry of related disorders and not infrequently the hereditary taint has been shown in other nervous affections before the angioneurosis has been pronounced. The inheritance of what Preston calls that indescribable something with its unstable nervous system (the neuropathic diathesis) gives from childhood to old age many opportunities for such affections. Tuberculous patients who too may be neuropaths or as Mays would say *are* neuropaths, are frequently victims to these complaints. I have failed to note that occupation or environment influenced angioneuroses *at all*.

Of the angioneuroses, the affection which is most common to attract attention is angioneurotic oedema. This is an affection for which says Spiller we have failed to account in the study of etiology. Quinke first described this disorder and assigned its cause to be a vaso-motor neurosis. Others following this lead, notably Osler, Dana, Collins have confirmed this belief. It certainly is within the vaso-motor field as close study of a case will reveal; it is certainly more than an intoxication. My clinical experience has enabled me to have several cases under prolonged observation all of which confirmed (in my humble judgment) the fact that it is a vaso-motor neurosis. Angioneurotic oedema is characterized by the appearance of circumscribed swelling of various portions of the surface of the body and mucous membrane, without apparent cause or premonition and is non-inflammatory in action.

(Collins.) It is not so easily recognized as this definition would imply because we are apt to confuse it with three (at least) skin affections, which as Hyde says sometimes makes it hard to distinguish. These skin affections are erythema multiforme, erythema nodosum and giant urticaria, while syphilis and rheumatic nodes sometimes enter into the confusion. Hyde says the concomitant symptoms are necessary in order to distinguish this disease. Then from the absence in circumscribed oedema, of itching or prickling sensations, febrile complications and rheumatoid pains, the differentiation is made.

The clinical history of this affection is briefly stated in the following case. G. J. D. Mt. Vernon, Ill., referred to me Feb. 4, 1901. Male, aged 47. Eighteen months previous noticed circumscribed swelling on one wrist, dark red in color looked like a bee sting, no pain, no itching, the oedema was tense, it lasted 24 hours. Two weeks later this same swelling appeared on the other wrist with a history of similar duration, etc. Attacks have occurred since, on an average of three to four on the body, never twice in succession in the same locality but perhaps more frequently on the face; then a part of the upper lip, and on two or three occasions one side of the tongue, making it almost impossible for him to talk, once in the larynx, which was alarming in its manifestations. The genitalia have been involved, also the legs, abdomen, and he says an occasional diarrhoea and also disturbance of the stomach without apparent cause, which would lead us to believe that these mucous membranes were involved. Collins says the occurrence of the swelling in part predisposes that place for future attacks and it is the exception for it to be once seen in a place which thereafter remains free. In other cases, I have noticed one attack involving the right arm last six days and later return.

I have a lady patient presenting peculiar characteristics where the location is always the same and always appears after a fright or shock. The location is around the left

eye, it first appeared during the menopause, when while watching a street parade of Ringling Bros. show, she was frightened in watching a man enclosed in the cage with the lions, the oedema appeared and lasted several hours. She came to my office at this time. I saw her another time when she had suffered bodily injury severing a small artery, the cut was of no consequence, but the shock caused re-appearance of the oedema. Again, I saw her when illness in her family, serious and becoming more alarming, the anxiety caused her to have another attack, which lasted several hours. It is not unusual in the insanities of the menopause to notice angioneurotic oedema. I have noticed it in several cases. But most common at this period is that peculiar oedema of the joints especially of the knee joint. Hydrarthrosis intermittens; this may or may not persist for sometime. It is usually limited to one or both knees, or both ankles. It is independent of visceral disturbances and is non-inflammatory in character. I once saw such a case being treated for synovitis. Schlesinger proposes to name all oedema of nervous origin hydrops hypostrophos and in this he would include then the oedema of the joints, the intermittent oedema of the eye lids noted in the neuropaths and very varied localized swelling all of the same type. These varied types are noticed in cases of neurasthenia, where sooner or later in the study of such cases we will meet all of this group of angioneuroses.

The angiopathic conditions of neurasthenia include more than oedema. The varied algid and florid states, the "so-called hot and cold waves," the profuse sweats, the localized blushing, and all of this group of vaso-motor changes. In prolonged cases we may find trophic involvement but this combination is comparatively rare.

In hysteria we have the foregoing phenomena of neurasthenia and in addition involvement of the vaso-motor nerves of the viscera, stomach, intestine, bladder, uterus, urethra, all may have a turn in

the varied manifestations of localized vaso-motor involvement.

In exophthalmic goitre which I believe to be a disease of the cervical sympathetic, we have more angioneurotic phenomena. The palpitation, perhaps the goitre and the exophthalmus are but manifestations of angioneuroses, more or less fixed or permanent? If we but study these cases, some of whom get well, we find the varied evidences of angioneuroses.

Last but not least are the angioneuroses of the menopause, which are but the intensification of all experienced or noticed at other periods. The menopause seems to be the rallying ground for angioneurotic phenomena. The algid and florid states, the profuse sweats, the angioneurotic oedema, the intestinal disturbances, the involvement of the kidney and bladder, and varied other angiopathic conditions are in evidence during this period and serve to impress us with their importance.

The diagnosis of an angioneuroses is not difficult if we but carefully study the history of the case and the phenomena presented. This last is not always possible because of its variability but usually, sooner or later we can see in part, at least, distinctive features of the case. It requires patience to notice the details and it is our duty to give every voluble neuropath close attention to the recital of her case because we can, from much of this chaff, sift out the real meat of the case. The points in diagnosis are oedema recurrent, without inflammatory action, usually appearing at irregular intervals and in the same locality, *disturbance* of thermal conditions, algid alternating with florid states, appearing at irregular intervals and especially under excitement, *disturbance* of sweat glands, profuse sweats without apparent cause, disturbance of secretory functions of kidney, disturbance of bowels, etc., etc.

Mental symptoms occasion a subjective feeling of impending danger, fear of death, fear of heart disease, of various other dreadful disorders and a psychic discordant condition in general.

TREATMENT: The treatment of angio-neuroses is not definite. It is symptomatic and involves general hygiene, careful regulation of the diet, proper care of the person. Diet is especially important but I know of no one diet to be used to the exclusion of others. I go on the plan that what is one man's meat is another one's poison and try to make a personal investigation of this feature, then establish diet based on such an inquiry. Rest is imperative in some cases. Overwork and worry must be held in check and sometimes enforced rest is necessary. The medicinal treatment includes regulation of the bowels and salines are of especial service here. The building up of an impoverished blood is necessary, and arsenic, iron and strychnia are needed. The bromides are needed to control the mental state occasionally. A change of scenes will add to the pleasure of treatment.

POTABLE WATER.

BY ARTHUR W. PALMER, M. D., CHAMPAIGN.
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The sources of water supply available to the people of Illinois include atmospheric waters or the rain, surface waters, i. e., the water of streams and lakes, and ground water, that is, water which issues from the earth in springs or which is obtained by means of wells.

The rain may for our purpose be considered the original source of terrestrial waters; produced as it is by the condensation of water vapor in the upper reaches of the atmosphere it is the purest water which nature affords, but in passing from nature's own still to the surface of the earth and beneath the surface it comes in contact with numerous things from which it dissolves the various ingredients which characterize all other natural waters.

No natural water can be regarded as pure water in the sense that it be expected to contain absolutely nothing but water. Ordinary distilled water is not pure in

this sense for it acquires various foreign substances from the vessels in which it is prepared or stored and from the air with which it is in contact. By the sanitarian that water is regarded as pure which contains no foreign bodies or disease germs or objectionable salts. In popular usage the term "pure water" may be understood to mean an entirely wholesome water and not necessarily a water which the chemist would designate as pure.

When, by the cooling of moisture laden strata of air, the moisture is condensed and separates in droplets, the rain water thus produced is undoubtedly a tolerably pure distilled water, but while falling down through the atmosphere to the earth's surface it washes and cleanses the air and thus burdens itself with many foreign substances some of which are gaseous, some solid, some of them held in solution others merely in suspension.

The substances thus brought into the rain water include the various gaseous constituents of the air itself and all sorts of solid matters which are held in suspension, the most objectionable of which are derived from the dust of the roadway because that dust in addition to fine particles of rock and soil contains also the pulverized excrement of animals.

In addition to these various impurities acquired from the air, rain water as it is commonly collected contains also the scourings of roofs which have gathered dust, soot, decaying leaves, the excrement of birds, etc. When the rain reaches the earth part of the water flows over the surface constituting the "run off" and goes directly to the streams, while part percolates down through the soil and becomes the so-called ground water.

The run off carries into the brooks and ponds and lakes the washings from all the various refuse matters, mineral, vegetable and animal with which the ground in populous districts is more or less cumbered.

In an uninhabited and barren country nothing especially objectionable would

*Read at the Fifty-first Annual Meeting of the Illinois State Medical Society, Peoria, May 21, 1901.

necessarily be in this way brought into the water, but wherever man lives there occur wastes, the so-called wastes of habitation, which accumulate in and upon the ground even where there are efficient sewerage systems. The streams, moreover, constitute the natural drainage courses and receive the discharges from sewers. Even in sparsely populated districts the streams receive drainage from farm-houses and barn-yards and droppings from cattle.

Under ordinary circumstances natural purification processes including aeration, the action of bacteria and the growth of larger aquatic organisms soon render the water of streams inoffensive to the senses, but nevertheless the use of such water for drink in the raw state must always be a menace to health, and should not be tolerated. There is probably not one stream or brook in Illinois, the water of which in its natural state can be drank with impunity and there is no excuse for tempting fate by so doing, for it is perfectly practicable to remove all dangerous impurities by filtration, or to kill them by thorough boiling.

That portion of the rain water which sinks into the ground is relieved of the grosser suspended matters during its percolation through the various soil strata, but this natural soil filtration cannot always be depended upon to remove the minute germs which cause or convey disease. It is a known fact that waters which by soil filtration have been made clear, sparkling, cold and palatable have nevertheless contained disease producing organisms and have by their use for drink caused much sickness and many deaths.

All natural waters, except freshly fallen rain which has been collected only after the atmosphere has been thoroughly washed by the immediately preceding precipitation, contain mineral matters in solution. In the Mississippi Valley the ground waters usually contain more mineral matters than is in general desirable, but these substances do not cause acute diseases and when they are present in normal quantities they are not especially objectionable. On the

other hand, often their presence may be regarded as advantageous. The element of danger in the domestic use of water is the presence of disease germs. These germs are abundant in animal excreta, and hence are abundant in sewage.

The purpose for which analyses of water are made is of course in general to determine whether the water is wholesome. It is not practicable ordinarily to determine whether disease germs are actually present or not, because of the amount of time and labor required for the tests themselves, and because of the elusive nature of the disease germ. Moreover, dangerous germs may be absent from the water source at a certain hour and present the next.

It is, however, a comparatively easy matter to determine whether sewage or drainage from refuse animal matters is contained in the water, and inasmuch as disease germs get into the water supply almost exclusively through contamination with sewage, the recognition of the fact that sewage is present is sufficient to throw grave suspicion upon the wholesomeness of the water.

The sanitary chemical analysis of water is directed chiefly to the determination of the question as to whether the water is or is not contaminated with sewage. By the term sewage I mean here not merely such refuse matters as have been discharged into or from an actual sewer, but drainage from refuse animal matters, such as is derived from barn-yards, pig pens, privy vaults, cess pools, kitchen slops, from refuse heaps in back yards and alleys, the washings of streets, etc. When one remembers that there are more than half a million ordinary wells in Illinois and that about half the citizens of the state depend upon these wells for their domestic water supply, this chief surprise is aroused by the apparent carelessness and apathy of the people which permit them to tolerate the conditions which favor the spread of typhoid fever and other water borne diseases.

The tests which the chemist makes in order to discover the presence or assure

himself of the absence of sewage in a drinking water involve the determination of the quantities of several substances, none of which is itself particularly harmful, at least in such proportions as are found in natural waters, or in sewage itself, but the presence of which in abnormal quantities show unmistakably the presence of sewage.

Common salt or sodium chloride is an essential constituent of all animals. As is, of course, well known, it is contained in the blood and in other animal secretions. It is abundant in animal wastes and refuse and is a constant and considerable constituent of sewage. It is not contained in notable quantity in plants, except marine plants.

The quantity of salt contained in sewage or in water can vary only by evaporation of the water, which of course increases the proportion, or by dilution with a purer water which diminishes the proportion. That is, there is no natural process save that of evaporation or that of dilution with a purer water that can affect the proportion of the salt contained in a natural water. All natural fresh waters contain sodium chloride, even rain water contains a minute amount of it, but the proportion contained in potable waters is ordinarily very small as compared with the proportion contained in sewage. To be sure there are in some parts of the earth large deposits of salt, and waters drawn from contact with these deposits may be charged even to saturation with salt, but the ordinary shallow well waters of Illinois of course do not come in contact with such deposits, although in many cases the deeper wells and artesian wells do reach such depths and yield salt water.

When the proportion of sodium chloride contained in a water is above the normal for the place from which the water came, the reasonable inference is that drainage from refuse animal matters or, in other words, sewage constitutes part of the liquid.

The organic constituents of sewage vary in nature and quantity according to the source of the sewage, its dilution, its age,

and as the result of various seasonal conditions, the temperature, etc. No means are known whereby we can determine either the nature or the quantities of all the various organic substances which are or may be contained in waters or sewage.

These organic substances include living organisms themselves, both vegetable and animal, the various products of their life activities, their dead remains, and the different substances which result from their more or less complete decomposition or putrefaction. The various essential tissues, membranes and secretions of living organisms are characterized by a considerable content of nitrogen.

We possess means for the rapid and accurate determination of the quantity of nitrogen in whatever it is contained, and it is through the application of these processes and the determination of chlorine that the expert is able to obtain evidence of the presence of sewage and the condition of the organic matters derived therefrom.

All nitrogenous organic matters undergo change through the action of bacteria, but those of animal origin, and it is these that are especially objectionable, are particularly susceptible to their activities. Albuminous substances and other nitrogenous organic matters, as fragments of animal membranes, feces, etc., contained in surface waters, in the soil and in sewage, are decomposed and oxidized by bacteria, the different stages in oxidation being, first the formation of ammonia, next the formation of nitrous acid, finally the transformation into nitric acid, the acid being of course converted into salts by reaction with basic substances which are ordinarily present in the waters or the soil.

The quantities of nitrogen existing in each of these four sorts of combinations having been accurately determined, the next step is to consider their significance.

The nitrogen contained in the various original substances as animal tissues, urea, glutin, blood, fecal matters, animal and vegetable organisms including bacteria

themselves, living or dead, is all, by the processes employed by the analyst, converted into ammonia, and to distinguish it from the nitrogen existing in other forms is reported under the name albuminoid ammonia. The presence of much nitrogen in this form usually suggests pollution with sewage or drainage from refuse animal matters.

Even in very fresh sewage there is usually a considerable amount of ammonia salts and these increase as the sewage ages and undergoes putrefactive changes. A considerable quantity of nitrogen as free or saline ammonia is usually indicative of the presence of considerable sewage and of the fact that the organic matters are undergoing change.

When a water is found to contain much nitrites it is generally considered unwholesome, for this condition of the nitrogenous constituents is but transitory, is brought about by the action of bacteria and hence is evidence of the presence of bacteria. When the conditions are such that the various nitrifying organisms thrive, they are such as favor the development of disease germs even if no such organisms were contained in the original sewage.

If the water contains a considerable quantity of nitrogen as nitrates, this indicates that at some previous time it contained as correspondingly considerable quantity of nitrogenous organic matters. The transformations of the organic matters may extend to the almost complete conversion into nitrates, and the nitrates themselves may be almost completely used by vegetable growths and thus removed from the water.

These various nitrogen compounds are formed from vegetable matters as well as from animal matters, but we are able to distinguish between these sources by consideration of the quantity of chlorine. If both chlorine and the nitrogens are above the normal the inference is that sewage or drainage from refuse animal matters is present, but if with the nitrogens

high the chlorine is low or normal, the inference would be that the organic matters were derived from vegetable sources and their presence in the water consequently less objectionable.

Pronouncement as to the wholesomeness of the water must usually be left to the expert. In some cases of course the presence of sewage in a water may be evident to the senses or one may see sewage running into a stream.

In such cases the services of the expert would be needed only to determine the amount of pollution and the condition of oxidation. In all cases the analyst must be furnished complete information concerning the source of the water, whether from cistern, stream, pond, spring or well, and descriptions of the surroundings, nature of the soil strata, slope, nearness of any possible source of impurities.

It must be born in mind that the value of an opinion as to the wholesomeness of a water depends upon its judicial character. It is of value only as it is the expression of an act of judgment which is based upon the fullest obtainable information and pronounced by one who is familiar not merely with the processes of analysis but with the characteristics of the water of the particular locality.

It must be understood that no water which receives drainage from refuse animal matters can be regarded safe or wholesome for domestic use though it can be rendered perfectly innocuous and safe by proper filtration or by thorough boiling. Natural soil filtration cannot be depended upon to completely remove disease germs from the liquids which sink into the earth in villages and towns or in proximity to barnyards, etc., for the capacity of the soil to remove these minute organisms is not unlimited, and, moreover, the soil strata in Illinois and the construction of the ordinary well are such as to facilitate the movement of ground water without entirely freeing it of what is usually the only source of danger, the disease germ itself.

ILLINOIS STATE MEDICAL SOCIETY.

Minutes of Proceedings of the Fifty-First Annual Meeting, Held at Peoria, May 21, 22 and 23, 1901.

THE PRESIDENT: We will listen to the report of the Committee on Medical Legislation.

The report was read by Dr. Black, as follows:

REPORT OF COMMITTEE ON MEDICAL LEGISLATION.

Mr. President and Members of the Illinois State Medical Society:

Your committee appointed a year ago to look after the interest of the profession, in connection with legislation, would respectfully submit the following report:

It was a matter of serious consideration to know just what bills should be introduced or what measures supported. In beginning our work we found much difference of opinion among members of the profession as to the measures most needed. We also found that an attempt to carry out the wishes of everyone would defeat our efforts for all, therefore the duty directly devolved on the committee of determining what measures should be supported and what should be allowed to take their chances with the great bulk of other legislation.

THE LEGISLATURE.

First, we will report to you briefly our actual business with the Legislature. One of the earliest bills presented was Senate Bill No. 48, introduced by Mr. Stubblefield, of Bloomington, on the urgent request of some of his leading constituents. This was an amendment to the medical practice act. It provided that this act should not apply to any person who administers to or treats the sick or suffering by massage.

This was known as the Massage Bill, and grew out of a suit by the State Board of Health against a magnetic healer in Bloomington, who was fined by the court for practicing medicine without a license.

He, and his ilk, sought to have those who practice massage as a method of treating the sick exempted from the provision of the medical practice act.

While this only added one word to the medical practice act, it was of far reaching importance, and would have thrown down the bars to every form of quackery that wished to lay hands on. It is sufficient to report that as soon as your committee notified the profession of this bill, they in turn easily secured the co-operation of the members of Senate Committee, to which it was referred, and it was effectually killed. This vicious measure was nipped in the bud, and never really reached the legislative body.

After giving considerable study to existing conditions, and consulting as many physicians as practicable, it became evident that two measures especially were urgently needed. The prevalence of small-pox throughout the State had demonstrated conclusively that our existing local boards of health outside of incorporated cities were very inefficient. In many places no health boards existed. It seemed urgent to the committee that a bill should be introduced "to create and establish boards of health in counties not under township organization, and in townships in counties under township organization outside of the corporate limits of cities and villages; to prescribe their duties and powers and provide for enforcing the same." This bill, besides providing for a board of health in the country districts throughout the State, also puts these boards of health in close touch with the State Board of Health, and in this way forms a complete health organization.

In this connection we quote one paragraph from the bill, as follows: "Provided further, that in case the board of health of any county not under township organization, or of any township in counties under township organization shall fail, refuse or neglect to promptly take the necessary measures to preserve the public health, or in case any such board of health shall refuse or neglect to carry out the rules and regulations of the State Board of Health,

that thereupon the State Board of Health may discharge such duties and collect from the county or township, as the case may be, the reasonable costs, charges and expenses incurred thereby."

In the future the State Board of Health, with the co-operation of local boards of health in every part of the State, will be able to meet epidemics of smallpox or any other disease on a uniform and comprehensive plan, which will save expense and distress to our citizens and more speedily stamp out an epidemic

From a wide correspondence with physicians it was evident that a proper vital statistic law was considered more necessary than almost any other measure. This belief, of course, is founded on the knowledge that all sanitary and health measures must be based on properly accumulated vital statistics. Therefore, a second bill was framed by your committee "for an act requiring reports of births and deaths and the recording of same; regulating the interment or other disposal of dead bodies, and prescribing a penalty for non-compliance with the provisions hereof." This bill makes it the duty of physicians and midwives to report births within 30 days, and allows a small compensation for such reports. It requires that no person shall inter or otherwise dispose of a human body without first securing a properly issued permit

"No such permit shall be issued until there shall have been delivered to the proper official * * * a certificate of death made in the manner directed * * * by the State Board of Health, by a legally qualified physician, or midwife, or by the coroner of the county in which said death occurred. It shall be the duty of the physician or midwife * * * to sign the certificate hereinbefore required." For the convenience of every citizen of the State the bill provides that burial permits may be issued by an officer near by, so that no citizen will be seriously inconvenienced.

Besides these two bills, the committee supported in every way in their power a

number of other bills introduced by various parties. One of these was that part of the general appropriation bill which provided for the State Board of Health.

It is gratifying to report that your efforts, as a profession, in supporting the State Board of Health have been crowned with success, and that in the future the Board of Health will have \$5,000.00 more annually for sanitary and health purposes than heretofore.

Other meritorious bills were, one providing for the location of an epileptic colony, which on account of sectional differences failed to pass. Another was a bill providing for the establishment of a sanatorium for the treatment of the tuberculous. This bill attracted considerable attention, but failed to pass on account of the large appropriation which it called for, and particularly on account of the fact that the profession as well as the people are not fully educated to the necessity and desirability of such treatment for the consumptive. We think two years of education will give this or some similar bill far greater support. Two years hence this matter should be pushed by the Society. A proper bill should be framed and endorsed at our next meeting.

Your committee was especially pleased with House Bill 190, which provided for the separation of tuberculous persons in penal institutions from all others. This we consider a very important measure, but like the Sanatorium Bill, a further period of education must pass before the profession is ready to give it sufficient support.

This session of the Legislature has been remarkable for the small number of opposition bills presented. The Massage Bill was the only serious measure which your committee has had to combat. House Bill No. 512, entitled "For an act to regulate the practice of surgery," was never seriously considered. A number of other good bills were introduced and given more or less support by the committee.

All these have been published in pamphlet form, and you are no doubt familiar with them. Therefore, we will not take

your time in enumerating. Senate Bills Nos. 122 and 264 passed both Houses with only slight opposition, as a result of the prompt co-operation of the Legislative League. What opposition there was to Bill No. 264 was easily overcome by personal work of the members of the profession with their home members of the Legislature. As a result of your efforts we now have good bills, we think, providing for local boards of health and providing vital statistics.

THEORY ON WHICH THE COMMITTEE HAS ACTED.

Your committee has acted in every respect that it was appointed to serve you. We made every effort to find out what the profession considered important in the way of legislation, and what they would actively support. We have sought to act solely in the interest of the profession. Whatever measure of success has attended our efforts is due to the harmonious and active interest which the profession gave the matters under consideration.

In attempting to secure legislative enactments the numerical weakness of our State Society has always stood in the way of brilliant accomplishment. When you consider that a year ago barely one in eighteen members of the regular profession in the State of Illinois was identified with the Illinois State Medical Society, you will realize the difficulty in approaching the members of the Legislature. While the State Society has always contained the most progressive physicians in the State, yet many good men have not become identified with it. This year has seen the beginning of a very different state of affairs, which we feel confident is to continue.

The small numerical strength of the State Society is due to the delegate plan on which it is supposed to have been organized. This has practically fallen into disuse. Still many societies continue to send delegates. These delegates are the only ones from the local society who become members of the State organization, when, in fact, every member of our local societies should be a member of the State Society.

The numerical weakness of the State Society is more apparent than real. The officers of the State Society are nominated by one representative from each local society. This gives the whole membership of the local societies a direct part in the affairs of the State Society, and to that extent all local society members are a part of the State organization. The committee has sought to act for this larger body of organized physicians, believing that the State Society represented them as well as the members on the State roll. We have the names, and have, in a large measure, had the support of over 3,500 physicians in the State.

The Journal was of great aid to the Legislative Committee in furnishing printed matter and in enabling us to reach many physicians throughout the State and keep them informed of our movements so that they could act intelligently when called on for co-operation.

At the first meeting of the committee, held nearly a year ago in Chicago, it was determined that the most serious need of the profession was better organization. After consulting the profession the committee also decided to formulate some measures for legislative enactment, and to do everything in its power to support all other good bills which were presented; but our first efforts were to be in the direction of promoting organization. We believe that the most efficient means for securing proper legislation is thorough organization and numerical strength. Our legislators will respect the wishes of their constituents if presented in the right way and with sufficient force.

We believe that money spent in promoting better organization is well invested. To this end your committee entered into correspondence with the State Societies in New York, Indiana, Connecticut, and a number of other states which have given serious consideration to the question of organization. Through the assistance of these societies we became better acquainted with the movements of the day regarding organization.

Following this correspondence we ad-

dressed the following letter to every member of the Illinois State Medical Society, and solicited their thoughtful consideration and reply to the matters therein contained. The letter read as follows:

Dear Doctor:—Ever since the last meeting of the Illinois State Medical Society, your Committee on Medical Legislation has been studying the existing medical laws and the means for their improvement. There are many questions arising for solution which should interest every doctor. From our correspondence with similar committees in other states and from action taken at the last meeting of the American Medical Society, we believe that there is a general awakening in the profession to the necessity for more active and harmonious work.

The State of New York has recently entirely organized its medical association on what is known as the Connecticut plan. In brief, this plan makes membership in the local society include membership in the State Society. The fees are all paid to the local society, thus the local society is made the basis of the whole organization of the state. We believe this to be the correct principle of organization.

Your committee is thoroughly convinced that if Illinois is to maintain its place in the first rank, we must immediately improve our medical organization.

* * * * *

We are now addressing every member of the State Society on this point and asking them for suggestions and assistance in changing the present conditions.

* * * * *

The committee sees plainly that they will be unable to secure or maintain the most desirable legislative measures without a more complete organization behind them. Among the questions which are demanding solution in our State, we would suggest the following:

A thorough organization of city, county and state boards of health with proper relations to each other.

More adequate sanitary laws, especially

those relating to schools, manufactories and quarantine.

To secure legislation to protect against tuberculosis and other preventable diseases.

To protect against vicious legislation, for example, anti-vivisection and anti-vaccination.

To protect from blackmailing, and to protect against unjust mal-practice suits.

To secure proper recognition and expert testimony.

To protect the sick from quacks and charlatans.

To protect and improve the medical practice act and to secure a special board of medical examiners aside from the board of health.

To secure proper regulations for the protection of drinking waters, and in fact to aid in securing just and impartial legislation whenever and wherever needed.

To secure equitable medical laws throughout the United States, with some practical form of reciprocity between the states.

To secure the appointment of reputable and honorable medical men wherever public services of physicians are required throughout the state.

At its last meeting the State Society instructed the Judicial Council to take the matter of appointment in hand, but they must have the co-operation of the whole profession if anything is to be accomplished.

These and many other questions are demanding the attention of the profession. We should be thoroughly alive to their importance and realize that the only way to secure any needed enactments or suitable appointments is through harmonious organization of our profession. We must all be willing to submit to the will of the majority. We have all, no doubt, been chagrined to hear members of the Legislature say that the only thing which stands in the way of securing desirable medical legislation is lack of harmony in the profession. We should remove the cause for this now just criticism.

Your Committee hopes to have your

hearty co-operation in pushing forward the work along these lines. We would like at your earliest convenience, to have your ideas about these matters. We would like to have the names of men in your locality not already members of the State Society who are likely to take an active interest in these matters.

We are directed by the State Society to organize the profession along these lines and hope to have your assistance in getting in touch with the public spirited physicians of your locality. The profession must be organized to protect the interests of the sick as well as its own interests.

Please let us know your views and those of your colleagues regarding these matters.

Hoping to have the pleasure of hearing from you at an early date, I am, in behalf of the Committee on Medical Legislation,

Very truly,
(Signed) Carl E. Black,
Chairman.

Carl E. Black, Jacksonville,
James A. Egan, Springfield,
E. Fletcher Ingals, Chicago,
Geo. N. Kreider, Ex-Officio, Springfield.
Committee.

Over one hundred replies were received. They gave the Committee an immense amount of valuable information, and aided us to determine the subjects in which there was most interest, and to follow the trend of prevailing medical thought.

Following this your Committee entered into correspondence with the officers and every local medical society in the State, numbering more than eighty. From these societies we secured all the information we could. We got the time of meeting, the names of their officers and list of their members. Four-fifths of the societies in the State have responded cordially to our correspondence. Most of these have been induced to appoint a "committee for the good of the profession." Thus carrying out the resolution adopted by this Society a year ago.

These Committees have been of invaluable assistance in carrying out the work of

the Legislative Committee. Your Committee has thought best to put much of the information obtained into a somewhat permanent and useful form and to that end we have made a card index.

First. Of the membership of the State Society showing to what local society or societies each member belongs. Also whether or not he is a member of the American Medical Association. We notice that many members of our State Society are credited to no local society. This is due to two causes. First, to the fact that many local societies have ceased to exist, or second that the member has kept up his connection with the State Society and failed to keep up his connection with the local society.

We also have a card index to the membership of each local society in the State so far as we have been able to induce the secretaries to respond to our requests. The membership of the Chicago Societies are kept in one alphabetical index, but each card shows to what Chicago societies the member belongs.

From time to time corrections to these lists have been secured and we believe that most of the society lists are fairly correct. Of course changes are constantly taking place and corrections must be frequently made to have them in good condition.

From these society lists we have made a complete alphabetical list of all members of local societies. This list shows the name and residence; to what local societies the member belongs, and whether or not he is a member of the State Medical Society, also whether he has shown active support to the Committee's work.

It was apparent that the funds at our disposal would be insufficient. We decided on the formation of a Legislative League. Letters were sent to all members of the State Society, and of all affiliated societies requesting their moral and financial support.

Nearly four hundred physicians have voluntarily subscribed one dollar each for the support of the Committee's work.

This has been a great help. It at once enabled us to determine what physicians were public spirited enough to aid in our work. It also furnished funds for paying necessary expenses over and above what the State Society could supply.

The State Society was hardly able to carry the financial burden. In return for this assistance the State Society has sent the Journal to each member of the league who was not already a member of the State Society. It is very desirable that such a league be continued within the State, and local organizations, and that its influence be extended. There are many ways in which it can be of great help.

A number of local societies, whose members have given the Committee support, both morally and financially, have not a member who belongs to the State Society. We believe that the Committee's work has been of great value to our President in securing increased membership in the State Society, and trust that the influence of this work will keep up in the future.

The city of Chicago seemed the most difficult problem in the beginning, but this worked out very satisfactorily. Our organization in Chicago accomplished splendid work. All, who had shown an interest, and given support to the Committee, were organized under twenty chairmen, over which the Chicago member of your Committee acted as general chairman. Thus any information wished, or work required, could easily and quickly be accomplished. This gave us a very efficient organization in Chicago, and accomplished great things for Legislation. The value of this Committee is illustrated by the work done in securing the passage of Senate Bill No. 264, the Vital Statistic Bill.

The chairman of the Committee to which this Bill was referred in the Senate was, for some reason unknown to us, opposed to its enactment. The Bill was reported back to the Senate with the recommendation that it do not pass.

As soon as this state of affairs came to the knowledge of your Committee we notified the profession. They at once requested of this Chairman, as well as of the members of his committee, that the Bill be referred back to the committee for proper consideration. The pressure was so great that the Chairman asked the unanimous consent of the Senate to a reconsideration of this Bill.

Your Committee then went before the Senate Committee and explained the Bill. The Chairman still opposed it, but the members of his Committee were unanimous, with one exception, in voting that it be referred to the Senate with the recommendation that it do pass.

Following this the profession expressed themselves positively to the members of the Senate and House with the result that this Bill which had received, what was supposed to be its death blow, was revived and passed through both Senate and House within three weeks. This illustrates what an organized profession can do when they have a true cause to work for. The fact that the members of the profession were positive in their requests for the passage of these Bills influenced the members of the Legislature.

We often hear members of the profession express disappointment at their results in working with politicians and political organizations. This, we think, is usually due to a lack of systematic and organized effort. The politicians desire to serve the majority of their constituents. Majorities elect.

As physicians, we are in the habit of working alone, and we feel that when we approach a politician and express to him what we believe to be right, he should accept our opinion just as he does when he is our patient. We usually find that he cannot do this and are disappointed. We should be more practical, and devote our energies to organization so that we may express the views of a large number.

Your Committee has uniformly received courteous and considerate treat-

ment from the members of the Legislature. We have been made to feel that we belong to a profession which commanded their respect. The Chairman of this Committee, in his last year's report, pointed out that the decisions of the higher courts were almost always in support of the profession. Your Committee believes that whenever the profession is thoroughly organized, our legislators will not fail to grant any reasonable demand.

SUGGESTIONS FOR THE FUTURE.

Organization must be the key to success. We trust that everyone will read carefully and study thoroughly the report of the Committee of the American Medical Association on organization. This is a very valuable and instructive report, and one to which everyone of us should give careful study.

There is lack of uniformity in organization throughout the country, which interferes with satisfactory work. The local societies are not enough in touch with the State Society, and the State societies are not enough in touch with the national organization. They have grown up according to local needs and have been developed according to local energy.

It is now time these organizations should be taken in hand and some comprehensive plan of co-operation adopted. We believe that our county and local societies should be branches or parts of our State Society. The State Societies should make up the American Medical Association. Our State Society should be a division of our American Medical Association. To put it differently, we believe that the American Medical Association should be one great medical organization: including many state divisions and the state divisions should include numerous local branches.

For example: Peoria County Society should be the Peoria County, Illinois, Branch of the American Medical Association. The Illinois State Medical Society should be the Illinois Division of the American Medical Association. Only one set of dues should be paid for all, and

the money should be paid to the Peoria County Medical Society, whose treasurer should forward the proper portions to the state and national organization. No county in this State should be without some medical organization, which should be a branch of the state and the national associations. It might be desirable for several small counties to join their forces for literary and scientific efforts.

When a man is elected president of a county society, that should also constitute him a member of the business committee of the state organization, and that when a man is elected president of the state organization, that should constitute him a member of the business committee of the national organization. In this way the national organization will have the active, energetic men of the state organizations to transact its business, and the state organization will have the active, energetic men of the county organizations to transact its business.

This is similar to the plan which has recently been adopted in New York and several other states, and similar to the plan which is recommended by the American Medical Association. Such an organization would be of immense help to our Legislative Committee during the session of the Legislature. Thus instead of having to communicate with several hundred men in different parts of the state who are only loosely organized, your Committee would only have to communicate with the active officers of each local society, who in turn would communicate with his members and secure the necessary co-operation.

The profession would then be in easy and positive touch with every member of Legislature. By a few letters or telegrams we could exert an immediate influence on any one member or on all the members, as the circumstances might demand.

We trust that our State Society will seriously consider these questions and put itself in line to promote a harmonious and

complete organization of the whole country as well as of all the counties of our own State.

If such methods are pushed energetically in less than five years this society should have at least 5,000 members. We could go before our legislature or our executive with the assurance that all our reasonable suggestions as a profession would be followed.

In conclusion we would thank the members of this Society and the profession of the State for the hearty co-operation and support which they have given your Committee. It is only by such co-operation that effectual work is made possible.

Carl E. Black,
Chairman.

THE PRESIDENT: What will you do with the report of the Legislative Committee?

DR. CORR: I move its adoption. Seconded.

DR. WEBSTER: I move, as an amendment, that a vote of thanks be extended to the committee for its efficient and very valuable work. Seconded.

DR. PETTIT: Dr. Webster took the words out of my mouth. I want to support the motion extending a vote of thanks for the purpose of making some remarks. I want to say, as a former member of the Committee on Legislation, that I can fully appreciate the laborious and magnificent work that that committee has done. It is simply stupendous. I could not help, as I listened to that report, thinking how much time the committee devoted to the work of the legislature, I know that railroad, insurance and other corporations have paid attorneys \$10,000 to do work that has been of less advantage to the public or to the corporation, and they have not accomplished one-tenth part as much as this committee. It is wonderful what the committee has done. The committee has done this work because its members had the ability and because they were backed by the profession. It is an object lesson of what can be accomplished. If we only follow up the matter of organization, in-

stead of a few hundred, we will have several thousand. We can turn the state up-side-down on any question we see fit. I second the amendment.

The motion as amended was carried.

THE PRESIDENT: It has been suggested that the society adopt some expression to be taken to the American Medical Association at St. Paul. I would entertain a motion to the effect that this society recognizes the plan of reorganization as recommended by the Committee on Reorganization of the American Medical Association.

DR. INGALS: I make such a motion. I think, however, there is one defect that I did not notice until the Chairman was reading the report. It provides that the President of the State Medical Society shall be the member of the House of Delegates of the American Medical Association. That is unfortunate. It should be the retiring president. I move you, that this be inserted in the report, and with this amendment the report be communicated to the American Medical Association by our retiring president. Seconded and carried.

Continued next month.

CLERGYMAN VERSUS PHYSICIAN.

Donald R. had accidentally swallowed a piece of money, thereby creating great consternation in the maternal mind. "Send for the Doctor! Send for the Doctor!" she cried. No, said Master Donald, not at all alarmed. "Send for the preacher." "Why do you want the preacher, Donald?" queried the mother fearing the worst. "Why Papa says he can get money out of anybody."

MARRIAGES.

Dr. Thomas E. Macauley, Gilberts, Ill., and Miss Jessie B. Davison, Genoa, Ill., July 17, 1901.

Dr. A. E. Mowry, Chicago, and Miss Ruth Lehman of Decatur, July 29, 1901.

Dr. Elmer A. Irwin and Miss Emma L. Jenks both of Chicago, July 9, 1901.

Dr. Geo. Doerbecker and Miss Aleda Bower, both of Waukegan, July 3, 1901.

The Illinois Medical Journal.

The Official Organ of the State Medical Society.

EDITOR—George N. Kreider, M. D., Springfield.

ASSOCIATE EDITORS—Members of the Publication Committee;

Pres. J. T. McAnally, M. D., Carbondale. Sec. E. W. Weis, M. D., Ottawa. Treas. E. J. Brown, M. D., Decatur.

Official Reporters of Affiliated Societies—

COUNTY SOCIETIES.

Adams County—Henry Hart, M. D., Quincy.
 Champaign County—A. S. Wall, M. D., Champaign.
 Calhoun County—T. O. Hardesty, M. D., Kampsville.
 Clay County—Warren Eugene Burgett, M. D., Louisville.
 Crawford County—L. J. Weir, M. D., West York.
 Douglas County—W. E. Rice, M. D., Tuscola.
 DeWitt County—J. H. Tyler, M. D., Clinton.
 Fulton County—D. S. Ray, M. D., Cuba.
 Gallatin County—Geo. P. Cassidy, M. D., Shawneetown.
 Hancock County—R. L. Casburn, M. D., Carthage.
 Jo Daviess County—D. G. Smith, M. D., Elizabeth.
 Kankakee County—B. F. Uran, M. D., Kankakee.
 La Salle County—W. A. Pike, M. D., Ottawa.
 Lake County—A. G. Haven, M. D., Lake Forest.
 Livingston County—Jno. Ross, M. D., Pontiac.
 McDonough County—R. E. Lewis, M. D., Macomb.
 Macoupin County—J. Palmer Matthews, M. D., Carlinville.

CITY SOCIETIES.

Chicago—
 Academy of Medicine—J. G. Kiernan, M. D.
 Electro-Medical—Richard H. Street, M. D.
 Gynecological—C. S. Bacon, M. D.,
 Neurological—C. H. Lodor, M. D.
 Pathological—Geo. H. Weaver, M. D.
 Physician's Club—L. H. Mettler, M. D.
 Rhinological and Laryngological—J. E. Rhodes, M. D.
 Society of Internal Medicine—Robt. B. Preble, M. D.
 South—J. S. Davis, M. D.
 West—Gustavus M. Blech, M. D.
 Decatur Medical—C. Martin Wood, M. D.
 Jacksonville Physician's Club—D. W. Reed, M. D.
 Peoria Medical—E. M. Eckard, M. D.

McLean County—F. C. Vandervort, M. D., Bloomington.
 Montgomery County—J. M. Trigg, M. D., Farmersville.
 Morgan County—Ed. Bowe, M. D., Jacksonville.
 Pike County—R. H. Main, M. D., Barry.
 Saline County—J. R. Baker, M. D., Harrisburg.
 Sangamon County—B. B. Griffith, M. D., Springfield.
 Schuyler County—A. W. Ball, M. D., Rushville.
 Stephenson County—R. J. Burns, M. D., Freeport.
 St. Clair County—B. Portuondo, M. D., Belleville.
 Union County—T. Lee Agnew, M. D., Anna.
 Vermilion County—E. E. Clark, M. D., Danville.
 Wabash County—J. B. Maxwell, M. D., Mt. Carmel.
 Warren County—Adella R. Nichol, M. D., Monmouth.
 White County—W. A. Steele, M. D., Carmi.
 Will County—E. R. Larned, M. D., Joliet.
 Williamson County—G. W. Evans, M. D., Marion.
 Winnebago County—S. R. Catlin, M. D., Rockford.

DISTRICT SOCIETIES.

Aesculapian—H. McKennan, M. D., Paris.
 Central Illinois—C. R. Spicer, M. D., Taylorville.
 Fox River Valley—H. J. Gahagan, M. D., Elgin.
 Military Tract—C. B. Horrell, M. D., Galesburg.
 North Central—Geo. A. Dicus, M. D., Streator.
 Southern Illinois—O. B. Ormsby, M. D., Murphysboro.
 Tri-County—Leroy Jones, M. D., Hoopeston.
 Western Illinois—H. H. Chapin, M. D., Whitehall.

All communications should be addressed to the Editor, 522 Capitol Ave., Springfield, Illinois.

The Society does not assume responsibility for any statements or opinions published in the JOURNAL.

The JOURNAL is published monthly. The subscription price is \$3.00 per annum in advance. The JOURNAL is furnished free to the members of the Society.

Entered at the postoffice in Springfield as second class matter.

SEPTEMBER 1901.

OTHER STATE SOCIETIES—TEXAS.

From Connecticut, one of the smallest and medically best organized states we turn to Texas, the largest state in the Union. Approximately the number of practitioners in Texas in 1900 was 6,000. The sects do not appear to have very many devotees in the South, and probably at least 5,600 of these are regulars. Only about 270 of them are members of the State Society. Something like 1,000 physicians are members of the 28 city, county and district societies, of which only 15 societies are affiliated with the State Society. The State Society met at Waco in 1900, and from a handsome volume of transactions we gain

much of the information for this review. Entrance to the State Society is permitted by its constitution to "Every regularly educated physician within the limits of the state who is a graduate of a regular medical college in good standing and who adopts and conforms to the code except those of the negro race, etc." We are greatly tempted here to put in a plea for the colored professional brother who we feel should be judged on his scientific attainments and not on the accident of birth, but perhaps we are not familiar enough with existing conditions to pass judgment. The annual due is \$5.00 and the initiation fee is \$2.50. The plan of organization is complicated by the fact that a man

may belong to the society and be also a delegate from an affiliated society. If he wishes to represent a society he must bring along an extra \$5.00 from that society.

We call especial attention to the easy requirements for entering the society because in our society there are found some members who advise taking in members in a similar way and disregarding the local societies. Notwithstanding the easy access to the Texas society, it is sadly lacking in members. The local society is truly the basis of all society work, and we believe should in every case pass on the character of an applicant to the State Society.

Like all small societies with great aspirations a large number of officers are required to properly conduct its functions. There is a president, 3 vice-presidents, a secretary, a treasurer, a judicial council of 12 members, two legislative committees, each with 5 members, a campaign committee of 4 members, a committee on organization of medical societies of 13 members, a chairman and secretary of 8 different sections. Besides this 12 members are assigned to duty on special subjects and last but not least there is an orator, to whom we will refer later. In all 81 names—about 30% of the membership—appear as officers of the organization. This seems strange in the face of the fact that but 36 officers are provided for by the constitution. The annual volume is distributed about six months after the meeting, illustrating one of the greatest objections to this manner of publishing the transactions. Many interesting papers appear in the volume of 400 pages. We can only give space to short extracts from the paper of Secretary West of Galveston and Orator Joe Becton of Greenville. Dr.

West in a paper on the Maladministration of Public Medical Affairs in the State of Texas, speaks burning words which have an application in many a state far distant from his own.

He says:

In regard to the administration of our hospitals for the insane, the people who pay the taxes for the maintenance of these institutions, the friends of the inmates and the unfortunates themselves have the right to demand that the enormous sums required for the erection of the necessary buildings and the support of the institution shall be so expended as to obtain the best results. In other words, in assuming the care of its mentally defective population the state is obligated not to provide only a place of imprisonment for these people, to prevent injury to themselves or others, but to avail itself of all those means of cure and amelioration in the condition of the insane made accessible by modern enlightenment upon the subject. A prerequisite in the accomplishment of this end is to place at the head of our insane asylums medical men whose mental endowments, education and experience, along these special lines, enable them to successfully grapple with those recondite and difficult problems they are called upon to solve. If the state, for any reason whatsoever, political favoritism, inadequate compensation, or short and uncertain tenure of office, fails to obtain and keep in its employ the best medical talent available within its borders, then the system of appointment and management is fatally and fundamentally defective, and should be corrected.

* * * * *

In event of a new administration, if our officer is a shrewd politician, he may even stand a chance with the new governor, but if so misguided as to imagine that a strict attention to his business and an increasing ability to perform it will retain him in office, woe betide him; his official decapitation is sure to follow.

The following extract from the oration of Dr. Joe Becton of Greenville is too good to be buried in a volume of transactions. It may serve to divert our readers for a few minutes during the heated term.

Referring to himself he said:

While I was never a pretty boy, I was a most promising child, so much so that my fond father had promised all the kith, kin and connections to make a president of me. Having finished the schools at home, I was sent to college. Returning after the first year, I was truly pained, my father not seeming elated, as I had expected; and my disappointment deepened into chagrin when I heard him say, "Mama, (as he always addressed my mother), that boy can never get to the presidency. I will have to make him a governor." I went and came the second year. He seemed more worried than ever. This time he said, "Mama, he cannot make a

Governor; I will do my best to get him in the State Senate. I went and came the third year. His troubles now seemed to have developed into a painful sadness that bordered on despair. This time he says, "Mama, can't even get him in the Senate, but with a good, liberal expenditure of money and with my close personal friends to pull, undoubtedly I can land him in the Legislature." The fourth and last year, when school days were over, and I had come home to enter the theater of life, full of the buoyance of young manhood, with bright and dazzling pictures of future glory and greatness, expecting a "well done" from my father, imagine my disappointment! His grief stricken face was actually pitiful and one would have thought that the light of his life had actually sunken into an oblivious sea. I'll never forget—it was a beautiful blue evening in June; a soft gentle breeze sprang up, cooling the burning air after the heat of the day, bringing with it the odors of a thousand flowers. With his head resting low on his breast, and passing his finger across his forehead, as is his habit when in grief or meditation, he says, "Mama, when the end of this mortal life shall come, ere the sun of existence sinks beyond the occident of time, and ere the winding sheet of eternal night is wrapped about me, if I can only look beyond the curtains of my couch and see that boy is out of the penitentiary, I will die happy."

Every doctor remembers his first few years; they are so agonizing, and mine were especially so, for against pa's voice and vote I made a doctor. When I came home and began to seek a location, he says, "Son, go like the trend of the empire and the march of civilization toward the setting sun. Go to that beautiful garden, the modern Paradise, the Panhandle of Texas, where the glorious blue curtain of the sky and the sheeny white sails of the mirage gleam in the gold of heaven's sun and break in wide smiles of springtide glory over the world. Yes, my boy, go; and get wealth and fame; like Magellan, write your name in the sky." Well, I went, and at the end of three years and three drouths—WHAT! Alas! That bright, delusive vision had forever fled like the baseless fabric of a dream. My only accumulations were a wife and two small children. My ambition now was only to get shelter and bread. Securing a railroad pass, I crept back to the haunts of man and civilization, with barely enough clothes to dust a fiddle.

CHICAGO WATER.

Why the Health Authorities Continue to Report It Daily as More or Less Unsatisfactory.

The large amount of money expended in constructing the Chicago Sanitary Canal, and the many positive assurances that as soon as it was completed and the water turned into it, the water furnished to the people of Chicago from Lake Michigan

would be free from all sewage or other injurious impurities, has led to many expressions of surprise and disappointment at still finding in the daily papers that some of the city water supply was usable, other portions suspicious or bad, and only occasionally that it was all good. The drainage canal having been announced as complete, and the lake water carrying with it much of the Chicago sewage passing through it many months, we are asked to explain why the Chicago hydrant water remains so much of the time impure. The reasons are obvious and easily stated. The completion of the drainage canal with sufficient capacity to admit of the passage of from 300,000 to 600,000 cubic feet of water per minute, according to the requirements of the law a few months since, neither gave to the Chicago river sufficient capacity to supply the canal with the necessary amount of water, nor prevented about one-half of the sewage of Chicago and all of that of the neighboring towns on the lake shores north and south of the city from going into the lake as heretofore. Consequently when the big drainage canal was completed and enough water was crowded through the river to approach the minimum 300,000 cubic feet per minute, the center piers of the bridges with the short curves and narrow places in the river caused so much obstruction to navigation that the drainage board have been obliged to keep the amount of water passing through the canal much below that required by the drainage law; and the non-completion of intercepting sewers for turning more than half of the sewage of Chicago into the river or the canal instead of into the lake, has thus kept the water supply for Chicago nearly so much exposed to pollution as before the drainage canal

was completed. Such will continue to be the case until the center pier bridges have been removed, the tunnels under the river lowered, and an extensive system of intercepting sewers constructed to keep the sewage from entering the lake, at an aggregate additional cost of from \$30,000,000 to \$50,000,000. If all these things are ever accomplished, and the full volume of 400,000 or 500,000 cubic feet of water per minute holding in suspension all the sewage of Chicago and its suburban towns is actually passing through the canal, then will the Chicago water supply be substantially free from pollution. But to determine the actual effect of all this on the sanitary condition of the Illinois and other river valleys and the permanent level of water in Lake Michigan will require another full decade of time.

N. S. Davis.

MISTAKEN NOTIONS OF HYDROPHOBIA.

There are very few diseases which have been decorated by the public with a greater variety of fanciful superstitions than hydrophobia. The belief that reason has flown and that the human victim of hydrophobia is truly "mad" when the first spasms of the disease are witnessed; the opinion that the bite of a rabid animal confers upon an individual the ability to bark; the faith that prevails in certain localities in the virtues of the mad stone and in the therapeutic value of the raw livers or brains of mad dogs are all erroneous and ungrounded ideas of hydrophobia. It is by no means a rare occurrence in our large cities for a number of the powerful officers of the law to become quite exhausted in their efforts to retain recumbent in the patrol wagon a patient with hydrophobia whose only desire is to be allowed to breathe unmolested; a continuous struggle

takes place until the hospital is reached under the impression that the person is akin to a rabid animal, and therefore extremely dangerous. The mistake is often made of strapping the patient to the bed in the hospital long before the mental faculties show any signs of the impairment that shortly precedes death. The premature killing of a rabid dog after several persons have been bitten but before measures have been taken to determine the existence of rabies in the animal is equally open to censure. Many animals have been slain in this manner and without doubt many persons have lost their lives among communities intelligent enough to appreciate the preventive treatment instituted by Pasteur.

There are many reasons contributing to the misconceptions entertained by the laity regarding hydrophobia. It is a disease that is seldom met with; its symptoms are peculiar and there are no gross lesions to serve as object lessons; even the primary wound has usually become healed when the disease has its onset. Another reason for the popular vagaries about rabies exists in the absence of unanimity exhibited by the profession in regard to the teachings of Pasteur, more especially the prophylactic treatment by inoculation with the attenuated virus as obtained from rabbit's spinal cord. The recent invective article by C. W. Dulles* is a good illustration of this. The writer claims that the treatment has not lessened the death rate from rabies. It is well known that animals may be protected against rabies by inoculation experiments; as regards other infectious diseases, protection is conferred by the inoculation of anti-bodies of one form or another in animal experi-

*Hydrophobia and the Pasteur Methods, Med. Rec., July 13, 1901.

ments, and this treatment has been extended to man with great success. If begun early enough, the Pasteur treatment protects against rabies, at least such is the opinion of the majority of the best informed physicians.

The absolute certainty of the fatality of hydrophobia in cases that have had no preventive treatment should be sufficient reason for the boards of health to begin a campaign of education among the people in regard to rabies, for they could frequently render valuable assistance in establishing an early diagnosis. N. G. Keirle* has referred to the advisability of keeping the rabid animal when persons have been bitten and when it can be done safely; if the animal recovers its health, treatment may be discontinued; in case the animal dies and treatment has not been initiated, it should be begun at once. But experience has shown that even this delay may be dangerous. A method of determining the existence of hydrophobia much earlier has been followed by M. P. Ravenel and D. T. McCarthy.† This consists of examining the intervertebral spinal ganglia or those of the cervical sympathetic for the changes described by Nelis and Van Gehuchten. The ganglion cells are found to have suffered certain morphologic and tinctorial alterations that would indicate necrosis; also, the capsules in which they lie and the ganglion cells themselves are invaded by small round cells. Ravenel and McCarthy found such changes in 11 dogs, 1 cow, 1 horse, 15 rabbits (experimentally inoculated), and in one case of human rabies. Dr. Ohlmacher of the Ohio Hospital for Epileptics at Gallipolis demonstrated some excellently prepared

specimens showing this process at the meeting of the American Medical Association at St. Paul, June, 1901, in the Section of Pathology and Bacteriology. This procedure of examining the ganglia of the rabid animal allows a positive diagnosis to be made in a few hours; animals should be inoculated at the same time for the absence of histological changes in the ganglion cells and their capsules does not carry with it the assurance that rabies was not present. It will be remembered that Victor Babes of Bucharest many years ago described changes in the medulla in dogs that he called the "tubercle of rabies."

To any one who has witnessed a death from this furious and rapidly fatal disease any method of hastening a diagnosis of rabies in the animal will be most welcome. With the discovery of the germ of rabies the missing gaps will be closed up and there will be, it is to be hoped, less skepticism about either its infectious nature or the effectiveness of the protective inoculation in preventing an outbreak of the disease in a person already infected.

STATE HISTORICAL LIBRARY.

While paying a visit to the State Historical Library recently we were surprised to find only one or two volumes of the transactions of the Illinois State Medical Society on the shelves. Owing to the Chicago fire we believe that a very few volumes of the proceedings prior to 1870 are in existence and before it is forever too late we make an urgent call upon our old members so that a complete file may be found in the Historical Library in the capitol and also one in the Newberry or other public library in Chicago. If members having the early volumes which they care to donate will inform the officers of the Society they will pay the necessary expense to secure them in these two safe places.

*Practical notes relative to rabies, Med. News, July 6, 1901.

†The rapid diagnosis of rabies, University Medical Magazine, Jan. 1901.

BARNES COLLEGE CONDEMNED.

The Barnes Medical College of St. Louis, Mo., has been declared to be not in good standing by the Illinois State Board of Health. This action will meet with the approval of all medical men who are familiar with the lax system in vogue at the school for a long time. There are other schools under suspicion which will meet the just condemnation of the profession unless there is a change in their methods.

Correspondence.

INSANITY AND MARRIAGE.

To the Editor:

In connection with the paper of Dr. F. C. Winslow on the above topic, it will be of interest to your readers to know that the Supreme Court of this State has lately affirmed the decision (rendered August, 1899) of Judge Tuley in the case of Pyott vs. Pyott. In this case Judge Tuley decided that for marriage to be valid the party must be able to understand the nature of marriage and its consequences. This makes the test whether there is sufficient mental capacity to give intelligent consent. If the incapacity be such that the party be incapable of understanding the nature of the contract itself and incapable from mental imbecility to take care of his personal property, such persons cannot dispose of his own person by a marriage contract any more than by any other contract. The doctrine applied by the United States Supreme Court in *Allore vs. Jewell* (97 U. S. Reports), appeared to Judge Tuley "to be particularly applicable to this case. It is there held that if a person from infirmity and mental weakness is likely to be easily influenced by others, transactions entered into by such a person without independent advice will be set aside if there is unfairness in them. Whenever there is great weakness of mind though not amounting to absolute disqualification

arising from age, sickness or any other cause in a person executing a conveyance and a consideration given if the amount is grossly inadequate, a court of equity will upon proper and seasonable application of the injured party or his representatives, interfere and set the conveyance aside." In this case as in many other marriages performed by clergymen, mental defect of the very decided nature of senile dementia, was not detected. This cannot surprise physicians of hospital experience with the insane who know how frequently escaped lunatics are married, nor physicians who recall the frequency with which nostrums and fake cures are endorsed by clergymen.

Jas. G. Kiernan.

THE CHICAGO WATER SUPPLY.

In view of the recrudescence of typhoid fever in Chicago, we give space to the editorial by Dr. N. S. Davis on this subject, and the following statement from Dr. J. A. Egan, Secretary of the State Board of Health, made in the *Inter Ocean* of July 17th:

The assertions of Dr. Herman W. Spaulding, chief medical inspector for the city health department, and Alexander J. Jones, president of the drainage board, that only a "mere portion" of Chicago's sewage is now disposed of through the sanitary channel, met with contradiction from Dr. James A. Egan, secretary of the state board of health. Dr. Egan said yesterday:

I want to go on record with the *Inter Ocean* in its editorial of June 18, condemnatory of such entirely erroneous and misleading statements, the more astonishing because they are the utterances of scientific men. The absurdity of President Jones' position, at least, is demonstrated by comparison with the figures of Professor E. O. Jordan, who made the greater number of the bacteriological investigations for the sanitary district in the experiments of 1899. Professor Jordan's opinion was that as high as from 85 to 90 per cent of the total sewage of Chicago was disposed of through the canal.

The conclusion of President Jones and Dr. Spaulding is that three-fourths of the sewage of Chicago is at the present time being emptied into Lake Michigan. I am prepared to prove, on the contrary, that less than one-fourth of the total pollution of the city is now deposited in the lake. In this connection it may be well to enumerate the several causes for the pollution of the latter. These are:

1. The stirring up by winds of the thousands of tons of filth deposited on the bottom of the lake. The removal of this cause is only a question of time, as the filth which accumulated before the drainage canal was put into operation is what is causing the trouble today, and eventually will disappear.

2. The dumping of river dredgings into the lake. The bottom of the river is now a mass of filth, and the transferring of this to the lake can only be regarded as a most pernicious practice. It is equivalent to dumping into it an equal amount of raw sewage.

3. The sewage of municipalities on the immediate north and south of Chicago.

4 (and last), the sewage of one-fourth of the population of the city. For more than a year not a small fraction, but more than three-fourths, of the sewage of Chicago has passed into the Desplaines river, via the drainage canal and the Illinois and Michigan canal. It is a mistaken idea that all of the sewage now dumped into the river goes into the drainage canal. It must not be forgotten that the Illinois and Michigan canal is still in operation and receives the sewage of the stock-yards region.

The sanitary district of Chicago has spent, according to reports, \$15,000 in investigating the pollution of the Illinois river and its tributaries; in other words, the effect of the canal on lower Illinois. Now, if but a mere portion of the sewage of Chicago enters the drainage canal at the present time, of what value have been these experiments?

State Pure Food Commission Thinks Prevalence of Typhoid Due to Ice, not to Lake.

Flagrant breaking of the law forbidding the sale of impure ice for domestic purposes has been discovered in Chicago by the State Pure Food commission. Commissioner Alfred H. Jones telegraphed to all his inspectors throughout the State to report at once in Chicago and begin the most thorough investigation ever attempted by them. Not an ice plant will escape examination, and all found guilty of selling impure ice for domestic use will be prosecuted.

Roused by hundreds of complaints from citizens, Commissioners Jones and R. M. Patterson met at Springfield, and decided to take action. It is claimed by the commission that nearly every ice firm in Chicago sells ice fit only for cooling and packing purposes, and that the frequency of typhoid fever is due to this breaking of the law.

Astounded at Disregard of Law.

"We are astounded at the open disregard of the law by Chicago ice dealers," said Commissioner Patterson yesterday, a few moments after he stepped from the train that brought him from the conference at Springfield. "Hundreds of thousands of tons of ice, cut from pools which are stagnant, are daily being sold to housewives. Hardly an ice chest but is a menace to public health and hardly a glass of water cooled by chopped ice but is dangerous to the one that drinks it.

"Ice dealers sell this impure stuff with impunity. You can buy it from almost any wagon with absolutely no guarantee that what you get is fit to use. Hardly a company but is guilty and not one will escape if we can help it."

Frozen Animal in Ice.

The second complaint to the local office was against a large ice company. A citizen of Buena Park wrote that he sent his son out to buy 100 pounds of ice from a passing wagon, and it was placed in the refrigerator. The next morning when the doors were opened the servant was greeted with a smell of decomposition so strong that she closed the box and informed the mistress of the house. Investigation revealed the fact that the smell came from an animal that had been frozen in the ice.

Local Societies.

The Morgan County Medical Society met in regular session Thursday, July 11, 1901.

Members present: Drs. Adams, Baker, Black, DaCosta and Josephine Milligan; Miss Grace Dewey and Mr. Stacy as visitors.

In the absence of the president Dr. Baker presided.

Appointee for August—Dr. Crane.

The afternoon was given to Dr. Black's subject, "Rectal and Anal Fistulae." The essay treated the subject in an interesting and exhaustive manner and was followed by reports of cases that emphasized the teaching of the paper. There was a lively discussion.

Edward Bowe, Official Reporter.

Champaign County Medical Society met at Julia F. Burnham Hospital, Aug. 15, 1901, at 2:30 P. M. meeting called to order by Vice-President Dr. John Martin; usual business of Society was transacted after which a paper was read by Dr. Mandeville on the history of medicine.

Dr. McKinney of Gifford reported a case of typhoid fever in which temperature went as high as 107½, with recovery. Members present were Drs. Martin, Spears, Schoengerdt, Bartholow, Johnson, Burres, Mandeville, McKinney and Wall. Society adjourned to meet Oct. 17-1901.

A. S. Wall, Official Reporter.

Decatur Medical Society.

The Society met in regular session Thursday evening, July 25, 1901. The minutes of last meeting were read and approved.

Dr. W. C. Bowers read a paper on **Summer Diarrhoea of Children**. In the discussion which followed Dr. Loneragan advocated the use of the sulpho-carbolates. He used opiates sparingly.

Dr. A. F. Wilhelmy recommended nitrate of silver in weak solution as an enema.

Dr. Randall stated that the mortality 25 years ago was much greater than at the present time, and believed the present low mortality was due to care in preparation of foods.

Dr. A. F. Wilhelmy read a paper on **Scarlet Fever**, which brought forth general discussion.

Drs. Grimes, Pollock and Stoner were appointed a **Program Committee** for the next meeting. Adjourned.

C. Martin Wood, Official Reporter.

Winnebago County Medical Society met at Rockford, Aug. 13-1901.

The following papers were read:

Tetanus—Dr. T. H. Culhane, Rockford.

Cholera Morbus—Dr. F. J. Weld, Rockford.

Insolation—Dr. J. A. Johnston, Byron.

There was a large attendance and a full and interesting discussion of the papers.

The program committee announced that the plan was to have some Chicago physician or surgeon read a paper at the September meeting. New doctors in Rockford are: Dr. Kindee, (from Elgin I think). Dr. Emil Lofgren, (class of 1901, Chi. Med. Col.)

S. R. Catlin, Official Reporter.

White County Medical Society. For some reason our society has been inactive. At the last annual meeting we did not have a quorum and have not had since and on that account the officers for this year have not been elected.

I hope however that we are waking up and will have a meeting of the society on October 9th next. I think that at our next meeting we will most likely arrange to have only two meetings in the year instead of four and have them in April and October as it is almost impossible to secure an attendance in January and July.

W. A. Steele, Official Reporter.

The Warren County Medical Society convened its semi-annual meeting at Monmouth, May 3, the president, Dr. Cynthia A. Skinner, in the chair. The following officers for the ensuing year were elected: W. S. Holliday, Monmouth, president; A. R. Graham, Little York, first vice president; J. M. McClanahan, Kirkwood, second vice president; W. A. Wells, Monmouth, secretary; E. L. Mitchell, Monmouth, treasurer.

The president appointed W. S. Holliday and Adelle R. Nichol delegates to the State Medical Society meeting.

W. H. Wells presented a girl twelve years old, with a **large phantom tumor**. His diagnosis was hysteria, and the doctor considered from the history of the case that prenatal influence had much to do with the etiology.

E. L. Mitchell reported two cases of **tetanus treated with carbolic acid**, one terminating fatally, the other in recovery.

The source of infection in the fatal case was unknown. In the other, the patient was wounded by stepping on a nail. In the case that recovered a child aged four years received a hypodermic injection of a 2 per cent solution of carbolic acid every eight hours from the time he was first seen. The only unfavorable symptom it produced was a murky condition of the urine.

The amount was then lessened, but continued throughout the attack, which persisted

for about thirty days. In the other case this treatment was not commenced until after the second day.

Adella R. Nichol, Official Reporter.

West Chicago Medical Society, after completing its organization decided to commence scientific work on the last Thursday of August, taking only a vacation of six weeks.

The Society being one of the latest to affiliate with the State and National Societies a word or two as to its *raison d'être*, history etc., may not be amiss.

While it is true that there may be such a thing as too many medical societies and that it is better to have a few and strong rather than many weak ones, the West Chicago Medical Society fills a long felt want.

Most of the leading societies meet down town. The dues are larger than many care to pay and a good many physicians do not care to go down town in the evening. Besides there seems to prevail a general impression that leading specialists only are wanted for purposes of reading and discussing papers.

Whether or not these notions are right is immaterial; enough that many did not care to join and would stay away from a local and therefore from the State Society.

Chicago is too big a city for one general medical society. The north and south districts have societies of their own, the Germans and Bohemians likewise; why should the west side English speaking physicians not have one? A large number of able, honorable and gentlemanly practitioners live in this section of the city and scarcely know each other. There is **no good fellowship, no harmony, no union and therefore no strength**. To remedy all that I took the initiative with the result that a society of enthusiastic men, about twenty in number, is the beginning. We could have doubled that number, but we are careful whom we take in. Already there are signs of a general shaking up of the west side physicians from their lethargy.

The conditions prevailing in some sections are horrible, defying description. The practice of medicine has sunk to a mere trade and every method, no matter how questionable has been resorted to, to "make more money."

A medico-pharmaceutical club exists on the west side. Physicians, dentists and druggists meet weekly for social purposes, but discuss occasionally scientific topics. It is of interest to know that a dentist, Dr. Nalperin, was the founder—and not a physician.

But recently one of the members of that body committed a breach of medical etiquette. The case was discussed at a recent meeting of the executive board of the West Chicago Society and I was instructed to write a letter to the secretary of that club, giving the facts. It is but just to state that the letter was seriously taken up and that the Society decided to take suitable action.

I am satisfied that were the members of our Society and others to realize the importance of belonging to our State Society. A good many would join. That the officers and myself will

do all in our power to aid you in your noble work of securing proper legislation, you need not doubt.

The West Chicago Medical Society will prove itself worthy of the honor conferred upon it by the State Medical Society.

Gustavus M. Blech, Official Reporter.

The names of the members of the West Chicago Medical Society are:

Drs. Emil D. St. Cyr, president; Oscar G. Wernicke, vice-president; George M. Silverberg, treasurer; Gustavus M. Blech, Secretary; F. W. Henkel, Arthur M. Shabad, Julius Abelio, S. Brownstein, Thomas Francis O'Malley, M. W. Kelleher, E. H. Lee, Davis Berkhoff.

Jo Daviess County Society—A Galena Galaday.

The majority of the members and their wives of the Society assembled in Dr. Godfrey's office, Galena, at 10 o'clock A. M.

From this place the Galena physicians took charge of the society and by previously arranged launches transported the whole number including the physicians' wives, daughters and sweethearts down the Galena river, thence into the Mississippi and south to Camp 19, where all was in readiness. Namely a well-fitted out cooking plant, dining hall, restaurant, bowling alley, shooting gallery and auditorium for the society meeting. Entertainment was provided for the ladies, and the society went into regular session at 1 P. M. A roll call showed the following members present: Drs. Godfrey, Stafford, Smith I. C., Gunn, Tyrrell, Hutton, Egan, Fowler, Eade, Smith, D. G., Bench, Weirich, Keller, Kreider, Smith, W. A., also the following visitors: Drs. J. C. Blair, Hazel Green, Wis.; Dr. J. W. Heustes, Dubuque, Iowa; Dr. Cleary, Galena, Dr. A. Grassau, Apple River; Dr. Jos. Godfrey, Lancaster, Wis.; Dr. Howard (dentist) Galena.

Dr. S. G. Kreider of Lena was elected a member and the application of Dr. Grassau of Apple River was received. The report of the committee on Necrology was received and accepted.

A very interesting and instructing paper on "Intestinal Disorders of Children," was read by Dr. Wm. Hutton of Elizabeth and was discussed by Fowler, Cleary, Godfrey and others.

The ladies in charge of the dinner then had all things in readiness and all did ample justice to the elegant spread, which consisted of all the necessaries, including meats, salads, ice cream and beverages of all description.

After dinner bowling and different games as well as boating on the river, etc., were engaged in.

At 3 P. M. the Society again reconvened and the discussion of Dr. Hutton's paper was continued.

The regular subject "The Causes, Prevention and Treatment of Constipation," was then taken up and opened by Dr. Keller of Warren, Dr. Keller dwelt namely upon the electrical treatment of constipation and related some very interesting and successful work done by electricity in this disease. He also emphasized the good results obtained on hemorrhoids by the electric treatment. These results were

also endorsed by Drs. Egan, Kreider and Godfrey. Considerable discussion followed on the great relief obtained in Uterine Fibroid by the electrical treatment.

The library question was then taken up. This had been recommended in the president's annual address at the last meeting and held over for consideration.

It suggested the plan of forming an association and list of all the different medical works owned by the various physicians of the society, and the appointing of a librarian. To which any member can apply for such books as appear on list and thereby have access to a very large library.

It was decided to form such a library association, and a committee to formulate plans, etc., was appointed.

The society adjourned to meet at Stockton, Oct. 31, 1901, after which different amusements were enjoyed, bowling chiefly, of which Dr. Egan of Hanover, ran away with the belt.

This Camp 19 is a beautiful resort on an island in the Mississippi river, where all the pleasures of an outing can be obtained.

We dare say this was the largest attended society meeting since its organization. The number that participated was about 60 and the ride in the launches, a distance of about eight miles from Galena was an elegant treat. The return trip occupied two hours during which time the beautiful scenery and balmy breezes, as well as the music from the bugle horn, entertained and refreshed all on board. Galena was reached at sunset, when hearty good-bys were given and all regretted that the day was not longer or come oftener.

D. G. Smith, Official Reporter.

The Fulton County Medical Society held its 15th bi-monthly meeting at Cuba, April 9, President Shallenberger presiding.

Roll call found the following members present: Heise, Sutton, Hansen, Reagan, Strode, Coleman, Stoops, Snively, Rogers, Blackstone, Blackburn, Shallenberger and Ray.

The communication from Dr. Black relative to assisting in securing medical legislation was read and the following members donated \$1.00 each for this purpose: Drs. Coleman, Strode, Blackstone, Snively, Reagan, Stoops, Blackburn, Sutton and Ray. Total of \$9.00.

The following dues were collected: Dr. Strode, \$2.00; Dr. R. S. Blackstone, \$1.00; Dr. C. D. Snively, \$1.00. Total, \$5.00.

The president appointed Dr. Reagan, Coleman and Blackburn to arrange for the annual meeting in October next.

Drs. Sutton and Stoops suggested the idea of postponing the June meeting on account of the State and Military Tract meetings occurring so close together. Reagan moved to lay the picnic question on the table. Carried.

Reagan moved that the Fulton County Medical Society attend the State meeting in a body and to invite all Fulton county physicians in good standing to attend with them. Carried.

The secretary was instructed to notify all members and in the notice to request all members attending the Peoria meeting the first day

to meet the morning train of the second day at the Union Depot where we will form in line and march to headquarters.

Strode moved that the secretary produce ribbon badges with name of society and date of Peoria meeting and mail to each member with the notices. Carried.

PAPERS.

Dr. Strode gave a very interesting discourse on the **Reminiscences of a Country Doctor**. Among many other good things he said: The first and most important objective of a new doctor is his first obstetric case. My first case occurred in Bernadotte and I was called to it late one evening. It was the seventh confinement for the woman who was large and strong, weighing about 240 pounds. Labor was progressing fast and the patient was making all the noise she could, demanding that I relieve her at once. When immediate relief was not forthcoming she wanted to sit on my lap. This was a new idea to me, but I was willing to do my best and anything to satisfy the patient. As she settled down in my lap she threw her arms about my neck and there she hung until labor advanced so far that I had to place her on the bed and deliver the baby.

I had been practicing for about four or five years when I was called to deliver a woman of twins who had eleven months before given birth and eleven months after the twins I delivered her of another baby, making four babies in less than two years. The twins were born about eight o'clock in the evening and on my way home I was called into another place and by eleven o'clock had delivered my third baby for that evening. I started home again and was called to another place and by three o'clock in the morning had delivered my fourth baby for the night.

Every physician located near a stream has more or less trouble and danger on account of water. In early days it was much more so than at present for then there were very few bridges and many times a swollen creek or river has compelled me to drive many miles around to the desired point. Then I have attempted to avoid such long drives by fording and would get nearly drowned, lose my medicine case, etc. Spoon river cut quite a feature in my early practice. One winter when it was frozen I made several trips in my sleigh on the river to see a patient. Several teams were hauling logs on the ice at the same time on the same road. One Saturday, which was also Christmas, there were a large number of us skating when another fellow and myself skated a race and when about one hundred yards below the crowd down we went into ten or twelve feet of water. When I came up my head bumped against the ice and in my efforts to break the ice I went down again. When I came up this time the ice was thin enough to break when my head struck and being a good swimmer I broke the ice and swam to a point where the crowd threw an improvised rope made out of scarfs, coats and shawls to me, which I grabbed eagerly and they drew me out. When I arrived at the nearest house my clothes were frozen stiff.

One day a companion and myself started

in a skiff down the river to the lake for a hunt. When we neared the railroad bridge we struck something that instantly overturned our boat. When I came up I was twenty feet away from the boat with my gun in my hand. My companion was clinging to the inverted boat. I swam to the shore, ran down the river a short distance where the current drifted the boat near enough for me to catch hold of it and draw it and my companion out. We then walked two miles to Duncan, warmed up, dried our clothes and went back to our boat and in getting it in the water I fell in again. We drew our boat out on dry land and gave up the hunt for that day.

I have had some very unpleasant experiences during pitch dark nights and bad roads. I was called one of these kind of nights to see a patient near Table Grove. A storm was coming up and I tried to postpone the trip until morning, but nothing would do but for me to go. The roads were so bad that I had to go horse back, so I saddled my horse and started right in the face of a raging storm. The rain fell in torrents and the lightning was one continuous blinding flash. When the worst part of the storm had passed it was impossible to see at all except during a flash of lightning. During a flash I discovered I was about to plunge into a creek bank full. I hesitated a moment but at the next flash plunged in going entirely under water and it was extremely difficult to reach the opposite bank and get out. I was wet through and chilled. Two miles farther on I found my patient enjoying a classical attack of hysteria.

Every physician practicing in the country recognizes the importance of having a good horse, not only strong and fleet but one possessing good "horse sense." With a horse of this kind there quickly springs up an understanding between doctor and horse that is of inestimable value to the doctor. Some horses become so attached to their owners that some of their actions appear almost human. I have owned several horses of this kind.

One hot day I was riding along the dusty road when I came to a fine bathing hole in the creek. I tied my horse to a tree near by and plunged in. The horse commenced plunging and jumping about trying to get loose. I could not imagine what was wrong with him and hastily ran out of the water. He immediately quieted down and was perfectly satisfied. The horse thought I was in danger and I believe had he succeeded in breaking loose he would have come to my rescue.

The doctor here related his experience in delivering a woman of a monstrosity some time before. The parents were quite youthful, and first cousins. The foetus was full term and weighed 4 or 5 pounds, and was doubled sexed; head sloped downwards directly from forehead and covered with heavy bay hair. Eyes were large and glassy. Nose large and prominent. Lower jaw, back, arms and wrist were ankylosed. It lived from 2 A. M. until noon. The doctor then presented a pathological specimen in the way of a double pig excepting brain, eyes and mouth.

He then spoke for a short time on natural history relating his thrilling experience from the bite of a copperhead snake.

Dr. Heise gave notice that a resolution would be presented at the next regular meeting to abolish the February meeting and a meeting in June be created; also to change the date of the April meeting.

Adjourned for dinner.

1 P. M. visited Fraternity Hospital.

1:30 P. M. reconvened.

Dr. Strode's remarks were commented upon by Drs. Reagan, Coleman, Blackburn and others.

Dr. Coleman moved that Dr. Barton be invited to enter discussion of subjects. Carried.

Dr. Blackburn presented paper on **Treatment of Pneumonia in Infancy and Childhood**. Among many other things he said treatment confined exclusively to the air passages was very unsatisfactory. Great benefit was derived from the early use of aconite and a little later on digitalis and brucine added gave very satisfactory results. Veratrum may be given older children. For pain he used the infant anodyne of alkaloidal make in infants and gelsemium or codeine in older children. The intestinal tract should be cleaned out by small doses of calomel and maintained in an antiseptic condition by the use of zinc sulpho-carbonate. In the place of syrups he used bryonia, emetine, apomorphine for expectorants. For weak circulation, nitroglycerine. Considerable importance was attached to the local use of antiphlogistine early in the disease and later to remove it and use lard and turpentine with the cotton jacket. Confine diet to milk and broths.

In the discussion, Dr. Stoops claimed great disappointment in the use of muriate of ammonia, but good results followed the use of veratrum and strychnine.

Dr. Strode used veratrum considerable, but laid great stress on the use of aquafolata. Suggested the adult dose as 60 grains to 2 oz. of water, giving a teaspoonful of this every 1 to 4 hours. But no matter what treatment all cases occurring in infants under 2 months of age were fatal. He was disgusted with muriate of ammonia.

Dr. Coleman defended muriate or carbonate of ammonia, but said it had to be crowded, give 20 or 40 grs. of the former and 10 or 15 of the latter. Used counter-irritation early and hot poultice later.

Dr. Hanson relied on small doses of dover for infants and heroin in older children to control pain and restlessness; guaiacol or creosote carbonate as expectorants and the cotton jacket but no poultice.

Dr. Snively received hearty commendation when he mentioned the old-time lobelia and capsicum poultice.

Dr. Heise recalled the importance of fresh air and clean alimentary tract. Poultices were good, especially in pleuro-pneumonia. Used veratrum in preference to aconite and was disgusted with the use of coal tar products. Had used anti-phlogistine locally in pleuro-pneumonia with satisfactory results. Also used cotton jacket, but was afraid to use cold bath.

Dr. Coleman added the soothing effects of steam inhalation.

Dr. Hanson from committee on medical legislation said the committee had done nothing.

Dr. Heise moved that programs contain subject of papers.

Dr. Reagan moved that rules be suspended and that the secretary be instructed to cast vote of meeting in favor of Dr. Maud Rodgers as member of the society. Carried.

Secretary cast 12 votes, electing Dr. Maud Rodgers to membership.

Dr. Strode moved adjournment. Carried.

D. S. Ray, Official Reporter.

The Crawford County Medical Society met in annual session at Robinson, July 11, 1901, in the office of Dr. Meserve, at 2:00 P. M.

Members present: Drs. Voorheis, J. Weir, Meserve, Firebaugh, Taylor, Barlow, Price, McGowen, H. N. Rafferty, Hoskinson and L. J. Weir.

The chairman, Dr. T. N. Rafferty, being absent, Dr. Voorheis was elected president *pro tem*.

Minutes of previous meeting were read and approved. Secretary's annual report was then read.

Officers for the ensuing year were elected as follows: President, C. H. Voorheis; vice president, C. E. Price; secretary, L. J. Weir; treasurer, C. Barlow. Censors, A. G. Meserve, J. Kirk, J. S. Thompson.

The annual dues, 50 cents, were collected from each member present.

Dr. Barlow read an interesting paper on **Summer Diarrhoea in Children**. It was emphasized that mothers should be informed whenever opportunity offers how to feed children and take care of them and to not give them infected food. The doctor's first duty was considered to be to investigate and regulate the diet to fit the particular case and to clear out the bowel with syringe or calomel. An opiate was advised in some cases only and bismuth in nearly all cases. Subject was discussed by all members present.

Dr. Firebaugh reported an important case of **Impacted Fracture of the Thigh**, in which the diagnosis was very difficult. A general discussion of fractures followed, in which many practical points were made.

Dr. McGowen reported a **Case of Gunshot Wound** in which the shot were not removed and all went well though dirty clothing was evidently carried into the tissues with the shot.

A dozen other cases were reported and informally discussed.

Society adjourned.

L. J. Weir, Official Reporter.

Secretary's Annual Report, Including a Review of the Past Decade of the Society's Work, and Some Suggestions for the Future.

The Crawford County Medical Society has had six regular meetings this year. Total membership, 26; average attendance, 11; whole number of scientific papers, 13, besides reports of cases and discussions, and the social, get-acquainted part of our meetings has, as usual,

kept up a friendly, mutually helpful feeling among the physicians of the county, though more or less isolated they of necessity must be.

Among other things we have had a paper on **Preventive Medicine**, which impressed us with the wonderful advances made in preventing sickness and prolonging life; vaccination against smallpox, scientific prevention of typhoid fever, consumption, Asiatic cholera, malaria, etc. In the discussion it seemed to be the consensus of opinion that preventive medicine is more important even than curative medicine.

The subject, "**Intestinal Worms**," was presented and discussed. Some of the practical points made were: That everything that is called worms is not worms and that real worms in the bowel is a very rare disease; that when a case does occur it should be treated with cleanliness. Cleanliness of everything that goes into the mouth, food, drink, playthings, etc. Calomel and santolin for round worms, the same with enemata for small seat worms, pumpkin or male fern for tape worm, with preceding preparation of the patient in all varieties.

"**Acute Laryngitis**" has been considered, a hot foot-bath, and a physic relieved the ordinary case if employed early. The importance of looking into all cases of sore throat for evidences of diphtheria, was brought out in the discussion.

Diet in Typhoid Fever was the subject of an interesting paper which recommended milk given with a spoon, that curds in stomach will be small. Broths, egg-nog, farinaceous foods, etc., when milk causes flatulence or is disgusting, and water in abundance was insisted upon.

The **Consumptive** has received our attention. He should be told all about his disease that he may appreciate and assist in the management of his case. He must live out of doors and eat strong food. If his disease is not too much advanced and his purse is full he might move to Colorado or California. Quite a proportion of the cases get well here in this climate and a considerable number more might get well if they could and would regulate their mode of living continuously, every detail of it, according to the advice of their physicians. The majority of the laity have the idea that if one learns that he has consumption he is going to die, and the doctor can do him no good in any way, therefore the indifference and neglect.

As one of the causes of **Interstitial Nephritis** was mentioned humid, changeable climate. Among symptoms hypertrophy of heart with increased blood-pressure, inactivity and irritability. Treatment recommended was climate, diet, habits and medicine.

"**Treatment of Disease According to Nature**" was presented in a paper replete with practical suggestions: Food, digestion, assimilation and elimination, i. e., metabolism, phagocytosis and anti-toxin formation, in other words nature's way of producing and preserving health, of preventing and curing disease, were taken as the basis or as suggestions for the doctor's efforts.

The importance of **Medical Examination for Life Insurance** was emphasized and its details discussed.

"**Disease of the Ear**" and "**Mountain Climates**" were thoroughly considered at our last meeting and are so fresh in our minds that they need no comment now. And last, but not least, the subjects and thoughts presented at this meeting.

Review of the past decade of the Society work:

Year ending July,	No. of meetings.	Average attendance.	No. of papers.
1901....	6	11	13
" " 1900....	6	11	12
" " 1899....	5	10	9
" " 1898....	6	12	15
" " 1897....	5	10	10
" " 1896....	2	12	5
" " 1895....	4	11	11
" " 1894....	3	12	8
" " 1893....	3	9	5
" " 1892....	1 and others not recorded.		

The eighteen or twenty physicians who attend these meetings as regularly as they possibly can and prepare papers receive incentives to observe, read and advance; are broadened edified and the better qualified for their responsible duties in their communities. Sickness is prevented and patients are better advised and treated as a result of work done in this society. The five or six members who seldom attend certainly fail to appreciate the benefit they and their patients might receive by their improving their opportunities, too busy nor any other excuse excuses.

There are two or three regular physicians in the county who are not affiliated with the society at all. They absolutely neglect this privilege and shirk the duty they owe to themselves, to the profession and to their patrons. One or two in the enlightened county of Crawford claim to use medicines from one class of remedies only. Such claims to cultivate and use only forty acres of the million-acre-field of medicine is entirely too narrow a view to take. One should be ready and openly claim to use any medicine or appliance that he is convinced is useful in preventing, relieving or curing disease.

Some Suggestions for the Future.

Shall we plan and strive to continue the meetings of the Crawford County Society? or would it be better to give our efforts to, and receive benefits from, a district society comprising a definite territory, say two or three counties or a congressional district. In the twelve counties nearest ours there is but one county medical society, and that is in Wabash county, which contains the city of Mt. Carmel. So it is easy to see that we are in the front rank and when I consider the fact that nearly one-half of the counties in our great state have no county medical society I am glad my lot was cast in good old Crawford. The question stated can be answered in the affirmative without argument, before men who have for years experienced the edifying, socializing, mutually helpful influence of a county organization, and now that the whole profession of the United States is to be reorganized with the

the benefits, scientific and material, therefrom.
**Are Any Changes Desirable in Our Present
Method of Work?**

One must be very chary in advising changes when the old plan is giving excellent results. A progressive man or a progressive society is never perfectly satisfied, however; if so, there would be no progress. One should be contented but not satisfied.

I venture to suggest for your consideration:

1st. That doctors from outside the county, professors in medical colleges, or men in high standing be at times invited to present papers at our meetings, affording a kind of post graduate course at home and bringing us in closer touch with those working in fields a little different from our own. The good to be derived from this might be mutual; we would get ideas and incentives to advance ourselves and the teacher could better familiarize himself with the needs of the country physician, and thus be better prepared to instruct him in his lectures, journals and books.

2d. I still believe in the advisability of meeting once in each of the different communities of the county. Some good people in my neighborhood have a very vague idea of what a "doctor's meeting" is, and sometimes fail to properly understand the circumstances when they send for me and I am away attending a medical society. The very presence in our town of twelve or fifteen leading, busiest physicians of the county would be very wholesome and their meeting and earnestly deliberating on how to manage sick folks and prevent disease would give out a very desirable impression among the laity. And further, each of us can get practical points by seeing how the other does business. I would like very much to attend a meeting at Flat Rock, Palestine or Oblong.

3d. The plan of having a banquet should not be dropped without further consideration. Dr. N. S. Davis fifteen years ago stated that the three objects of paramount importance to be accomplished by medical organization are: (a) The promotion of direct personal intercourse between physicians, by which mutual respect, personal friendship and unity of sentiment are greatly promoted. (b) The more rapid increase and diffusion of medical knowledge, scientific and practical; and (c) The developing, unifying, concentrating and giving efficient practical expression of the sentiments, wishes, and policies of the profession concerning educational, legal and sanitary welfare and the relation of the latter to the community as a whole. As the gathering of all the members of the profession, numbering many thousands, from so widely extended country as ours into a single society for personal intercourse is impracticable, the first of these leading objects can be only obtained by organization primarily into city, town, county and limited district societies, in which the necessary personal intercourse can be enjoyed without material expense or being placed beyond the reach of their patients. Let us have a banquet.

self), as a committee of one with power to act, for the purpose of securing interesting lectures, clinics, papers and case reports for our meetings and in every way and at all times be willing and ready to further the interests of the Crawford County Medical Society.

Obituary.

Dr. Katherine Miller of Lincoln, Secretary of the Brainerd District Medical Society for many years, died at the Mary Thompson hospital in Chicago, aged 45 years. Dr. Miller in addition to her medical practice, in which she was eminently successful, took an active part in political, church and school work. Her body was cremated and brought to Lincoln for interment.

Dr. Orlando Mitchell died of Bright's disease at his home in Marshall, Clark Co. Ill., April 5, 1901. He was 45 years old and had been in active practice since 1878. He was a son of Dr. J. D. Mitchell of Clark County, who died several years ago. Both were members of the Aesculapian Society of the Wabash Valley.

Dr. Frank W. Roberts died at Logan, Edgar Co. Ill., March 29, 1901, of Hemorrhagic smallpox, he had been treating the modified smallpox prevailing at that time and was not protected by vaccination.

Deaths and Change of Address.

DEATHS.

(Furnished by the State Board of Health.)

Bond, E. J., in Ord, Nebraska, July 17th.
Bolles, Hiram O., in Springfield, August 8th.
Clancy, Thomas J., in Scales Mound, July 29th.
Case, Willard P., in Chicago, July 19th.
Hoyt, Leslie M., in Chicago, July 3d.
Keith, Ernest W., in Chicago, Aug. 1st.
Lemoine, Edwin S., in St. Louis, Mo., July 17th.
Miller, Adam, in Chicago, July 29th.
Miller, Katherine, in Chicago, August 1st.
Ramsey, George D., in Xenia, July 18th.
Read, N. S., in Virginia, August 11th.
Stookey, Lyman T., in Belleville, August 2d.
Tetrick, Amos, in DuQuoin, August 10th.
Wright, David W., in Fairmount, July 20th.
Welch, John H., in Beecher City, July 22d.

CHANGES OF ADDRESS.

(Furnished by the State Board of Health.)

CHANGES IN CHICAGO.

Abbey, C. D., 821 W. 47th st. to 6913 Stewart av.
Ainsworth, H. H., 433 to 724 Flournoy st.

- Akins, W. T., 13 Harrison st. to 367 Wabash av.
 Aldridge, James L., 27 to 106 43d st.
 Allen, Frances M., 333 41st st. to 4059 Prairie av.
 Allen, Henry C., 100 to 103 State st.
 Allport, Henry W., 92 to 100 State st.
 Anderson, Nels, 866 W. VanBuren st. to 31 Washington st.
 Anderson, W. J., 34 Washington st. to 409 W. Fullerton ave.
 Anker, Ibsinsina C., 481 W. Madison st. to 1004 51st st.
 Atkinson, Horatio N., 3724 Madison ave. to 6303 Wentworth ave.
 Beard, C. G., 2259 Calumet av. to 452 49th st.
 Beck, L. K., 3104 S. Park av. to 260 54th st.
 Behm, Joseph F., 2437 Dearborn ave. to 4023 Wabash ave.
 Buechner, F. E. A., 1538 35th st. to 416 North av.
 Balingier, J. R., 627 Grand ave. to 682 W. Division st.
 Baumann, Frederic, 703 Jackson boul. to 606 VanBuren st.
 Beebe, Albert G., 69 State st. to 103 State st.
 Bailey, Wesley G., 129 S. Franklin ave. to 5633 W. Superior st.
 Baker, Charles W., Saratoga Hotel to 617 LaSalle ave.
 Baker, Frank W., 100 State st. to 4141 Grand boul.
 Baker, H. L., 653 W. 12th st. to 380 S. Kedzie av.
 Baldwin, A. E., 826 W. Adams st. to 34 Washington st.
 Ballard, C. N., 5 Blue Island ave. to 100 State st.
 Barber, Gideon L., 31 Washington st. to 9151 Commercial ave.
 Barcal, Edward J., 1190 N. Maplewood ave. to 43 McReynolds st.
 Barclay, W. A., 133 Clark st. to 1020 Wilcox av.
 Barker, Ernest S., 238 to 279 LaSalle ave.
 Barnes, C. L., 576 LaSalle st. to 293 S. Lincoln st.
 Baskette, H. W., 59 State st. to 296 N. State st.
 Batcheller, W. B., 1374 to 1630 35th st.
 Bates, Homer O., 7 Blue Island ave. to 168 S. Halsted st.
 Bates, Laura C., 7 Blue Island ave. to 198 W. Jackson boul.
 Beaudry, John S., 428 W. 71st st. to 7047 Princeton ave.
 Beck, John C., 118 to 126 Oak st.
 Becker, Wm. F., 1086 W. Harrison st. to 928 W. Jackson boul.
 Beebe, J. E., 100 State st. to 2668 Magnolia ave.
 Beedy, Lora L., 100 State st. to 529½ W. Jackson boul.
 Beedle, Herbert D., 1370 to 1364 W. 103d st.
 Behrendt, Arthur J., 723 Elston ave. to 242 W. North ave.
 Bell, A., 4212 Union ave. to 5850 S. Halsted st.
 Bell, Edgar S., 103 State st. to 3912 Cottage Grove ave.
 Beneventi, R. B., 187 to 193 N. Halsted st.
 Bennett, Harry F., 100 State st. to 571 W. Madison st.
 Bennett, Wm. A., 2901 State st. to 2901 Wentworth ave.
 Berger, Gustavus F., 907 to 911 Lincoln ave.
 Bergeron, Victor A., cor Ogden and Turner aves. to 817 S. Sawyer ave.
 Besharran, John H., 3030 to 3000 Indiana ave.
 Bettman, Boerne, 135 VanBuren st. to 2601 Kenmore ave.
 Betz, Jonathan C., 819 W. Harrison st. to 909 W. North ave.
 Bickerdike, Richard J., 2058 Elston ave. to 287 Lincoln ave.
 Bieringer, Wm. A., 1903 Milwaukee ave. to 346 North ave.
 Bingley, M. Arista, 232 Milwaukee ave., to 325 W. Chicago ave.
 Blanck, Elise W. S., 11534 to 11336 Milwaukee ave.
 Boaz, Edmund A., 395 to 382 N. Wells st.
 Bockins, F. B. E., 1218 to 1225 Milwaukee ave.
 Borland, L. C., 31 Washington st. to 635 Ogden ave.
 Borter, F. X., 430 State st. to 96 N. Wells st.
 Bottlik, Louis, 287 W. 12th st. to 420 S. Halsted st.
 Bowens, Bruce T., 1628 State st. to 2408 Dearborn st.
 Bowers, C. E., 78 State st. to 2315 N. 44th ave.
 Boyd, Benj. Y., 209 State st. to Revere House.
 Bradley, John J., 3543 W. 84th st. to 7017 Normal ave.
 Breese, Ambrose, 153 Belmont ave. to 232 Lincoln Place.
 Briney, W. F., 182 State st. to 187 Dearborn st.
 Brix, D. John, 6316 to 6327 Stewart ave.
 Brown, Edna W., 269 Lincoln ave. to 606 Burling st.
 Brown, Edward M., 592 W. VanBuren st. to 254 Ashland boul.
 Brown, Edward B. L., 5825 Drexel ave. to 6722 Kimbark ave.
 Brown, George L., Cook County Hospital to 4300 Cottage Grove ave.
 Brumond, Diedrich A., 6100 Wright st. to 6100 Normal ave.
 Brydges, James C., 800 W. 59th st. to 59 State st.
 Buchanan, L. M., 2643 Monroe av. to 193 41st st.
 Buckley, Sara S., 100 State st. to 301 56th st.
 Buckner, Wm. A., 3024 Dearborn st. to 2842 Armour ave.
 Burgess, Sarah F. K., 165 S. Wood st. to 202 S. Robey st.
 Burrows, Daniel E., 3429 S. Wood st. to 3246 State st.
 Burson, S. W., 67 to 112 Clark st.
 Bush, Geo. C., St. Elizabeth's Hospital to 406 S. Albany ave.
 Bussey, Geo. N., 604 to 550 Wilson ave.
 Butiewicz, Kasimir A., 581 Milwaukee ave. to 251 Wabansia ave.
 Butler, T. O., 31 Flournoy st. to 216 Aberdeen st.
 Butts, J. B., 748 W. 12th st. to 324 Ogden ave.
 Cupler, Ralph C., Chicago Hospital to 119 W. 24th st.
 Cady, Grosvnr B., 108 Wabash ave. to 108 Washington st.
 Calloway, W. L., 65 Randolph st. to 130 Dearborn st.
 Campbell, Amos W., 240 Wabash ave. to 134 Madison st.
 Campbell, Lillian, 763 Estes av. to 100 State st.
 Campbell, Ralph R., 100 State st. to 204 Dearborn st.
 Carlin, Peter S., 399 N. Wood st. to 58 Oak st.

- Carstein, John A., 1295 W. Ravenswood Park to 550 Wilson ave.
- Case, Edward N., 340 to 325 Dearborn st.
- Cassady, Geo. W., 196 Washington st. to 121 Hamburg st.
- Castor, H. C., 184 N. State st. to 190 Dearborn ave.
- Challoner, Robert, 1728 Michigan ave. to 2443 N. Hermitage ave.
- Chapman, Chauncey F., 833 Washington boul. to 943 W. Madison st.
- Cheney, H. W., 6303 Monroe ave. to 369 63d st.
- Cheney, Wm. W., 1254 to 123 Michigan ave.
- Chichester, J. Gemill, 452 49th st. to Chicago Hospital.
- Christensen, E., 59 State st. to 737 W. Madison st
- Christopher, Walter S., 406 Center ave. to 508 Dearborn ave.
- Churchill, Frank S., 583 E. Division st. to 103 State st.
- Clancy, Marshall G., 748 to 535 W 61st st.
- Clendenning, Thos. C., 1541 to 1713 W. 63d st.
- Coates, Wm. E. Jr., 2231 W. Congress st. to 417 S. 44th ave.
- Cole, Samuel, 103 State st. to 3305 Vernon ave.
- Collins, Ellen E., 46 37th Place to 4102 Wabash ave.
- Collins, Lawrence E., 4830 Madison ave. to 481 Wabash ave.
- Colwell, Nathan P., 203 S. Western ave. to 100 State st.
- Connell F. G., 209 LaSalle ave. to 103 State st.
- Converse, E. D., 92 State st. to 4507 Lake ave.
- Cooke, Jean M., 726 W. Adams st. to 394 Marshfield ave.
- Cory, A., 849 N. Kedzie av. to 1049 W. North av.
- Cory, Edwin V., 4444 St. Lawrence ave. to 4236 Wabash ave.
- Cottlow, B. A., 4701 Cottage Grove ave. to 4707 Evans ave.
- Coulter, J. H., 429 Warren ave. to 103 State st.
- Coy, A. E., 2901 Wallace st. to 5961 Prairie ave.
- Craig, E. Willard, 985 N. Halsted st. to 93 Seigel st.
- Craig, J. D., 80 Madison st. to 821 Farwell ave.
- Craven, William C., 125 to 84 LaSalle st.
- Crowe, Thos. S., 260 Webster ave. to 131 Dearborn ave.
- Cunningham, E. M., 111 Walton Place to 1202 Flounoy st.
- Cunningham, N. M., 499 63d st. to 308 60th st.
- Curran, Patrick, 2197 N. 42d Court to 564 W. Wrightwood ave.
- Cutrer, P., 187 N. Halsted st. to 145 Grand ave.
- Dornbusch, Henry W., 1044 N. 41st ave. to 1051 N. 42d ave.
- Donkle, Alfred D., 518 W. Adams st. to 327 Bissell st.
- Duncan, Andrew B., 69 State st. to 2108 Lexington st.
- Duncan, David, 69 State st. to 59 State st.
- Dale, Henry C., 167 to 130 Dearborn st.
- Daley, Timothy A., 100 State st. to 3738 S. Halsted st.
- Damiani, Joseph, 220 Milwaukee ave. to 174 N. Halsted st.
- Darcy, Hugh T., 109 53rd st. to 312 91st st.
- Davenport, Isabelle M., 17 VanBuren st. to 1240 E. Ravenswood Park.
- Davis, Edgar G., 100 State st. to 663 W Jackson boul.
- Davis, Edward G., 2501 N. Hermitage ave. to 1889 Sheridan Road.
- Davis, Harriette H., 6428 Greenwood ave. to 7076 Washington boul.
- Dearlove, Mary A., 972 W. Jackson boul. to 59 State st.
- Deming, Henry H., 100 State st. to 4356 Greenwood ave.
- Denison, Ed. L., 5256 Fifth st. to 5860 State st.
- Dennis, Earl J., 112 Clark st. to 59 State st.
- De Pew, Harry G., 112 Clark st. to 9140 Commercial ave.
- Detrana, Joseph M., 318 to 277 Milwaukee ave.
- Dewing, Wm. H., Lexington ave. and 62d st. to 431 Michigan ave.
- Dickinson, Stanley B., 5631 W. Ohio st. to 5411 W. Indiana st.
- Dixon, Guy B., 283 S. Leavitt st. to 872 W. Jackson boul.
- Doane, Philip P. S., 387 N. State st to 583 Division st
- Doederlein, Theodore J., 985 N. Halsted st. to 356 Webster ave.
- Dorsey, Nicholas J., 519 to 412 LaSalle ave.
- Dracess, Frederic, 108 Washington st. to 420 W. 61st st.
- Driscoll, John J., 6216 Wentworth ave. to 6408 Yale st.
- Duncan, Adelaide C., 603 W. 63d st. to 6058 Kimbark ave.
- Dunn, Elizabeth H., 5624 Ellis ave. to 5523 Monroe ave.
- Fernow, J. A. W., 752 Jackson boul. to 2350 Michigan ave.
- Ford, F. C., 69 to 92 State st.
- Fuller, Chas. G., 69 to 100 State st.
- Fantus, Bernard, Cook County Hospital to 635 Jackson boul.
- Goldsmith, Alexander A., 3749 Vincennes ave. to Cook County Hospital.
- Gulick, Walter V., 200 Ashland boul. to 290 Belden ave.
- Green, Anna J., Hahnemann Hospital to 65 Bryant st.
- Geiger, Arthur H., German Hospital to 101 Clyburn ave.
- Gumm, Albert G., 2358 Indiana ave. to 302 Garfield boul.
- Healy, Wm. Jr., 1197 Jackson boul. to 682 Sheridan Road.
- Howarth, Ora O., Hahnemann Hospital to University of Chicago.
- Heath, Frederic, 2155 Calumet ave. to 31 Washington st.
- Irish, H. E., 2787 N. Robery st. to 627 Grand av.
- Kannabel, Allen B., Cook County Hospital to cor. Calumet ave and 58th st.
- Kjellberg, A. Emil, 69 State st. to 57 Washington st.
- Kellberg, Carl E., 69 State to 65 Randolph st.
- Lewis, Nelson H., 494 Dearborn ave. to Auditorium bldg.
- MacKay, Emma S., 281 Warren ave. to 6842 Normal ave.
- Maclay, Otis H., 2601 Calumet ave. to Provident Hospital.
- Morton, Frank R., 229 LaSalle ave. to Cook County Hospital.

Malone, Geo. B., 126 State st. to 146 N. Clark st.
Miller, A. Merrill, 3246 Wabash ave. to Michael
Reese Hospital.

McCullough, John R., 69 to 59 State st.
Messinger, E. D., 69 State st. to 179 Randolph st.
Motter, Thomas I., 69 to 100 State st.
Perkins, E. D., 1436 Monroe st. to 627 W. 61st st.
Peiro, Francis L., 69 State to 78 State st.
Richardson, F. M., 370 Wood st. to 59 State st.
Sandy, Thomas H., 118 Ashland boul. to 2105
Wilcox ave.

Schram, Abraham W., 4304 Grand boul. to 3122
S. Park ave.

Schoenfeld, Chas. J., Michael Reese Hospital
to 181 W. Madison st.

Simmons, Howard L., 69 to 100 State st.

Worthington, Major H., 2346 Calumet ave. to
Wesley Hospital.

Wellen-Pleth, Vera W., 750 to 731 W. North av.

Watry, Joseph, 69 to 59 State st.

Woodbury, Wm. H., 69 to 92 State st.

Wall, Chas. D., U. S. Marine Hospital, to Cor
Blue Island ave. and Taylor st.

CHANGES FROM CHICAGO.

Adams, Fred M., to Lanark.

Blatlock, Samuel S., to Vergennes.

Coughlin, Francis J., to Aurora.

Daily, R. T., to Kickapoo.

Fitch, T. D., to Quincy.

Geyer, Clarence W., to Aurora.

Ghent, Monroe N., to Carterville.

Gilbert, Alson R., to Elwood.

Gould, Chas. W., to Dundee.

Herdien, Elmer F., to Galva.

Hogan, Earl A., to McLeansboro.

Lofgren, Emil, to Rockford.

Messinger, Celestia D., to Lake Bluff.

Martin, Frederick H., to Edgerton, Wis.

Sheldon, Walter H., to Vienna, Austria.

Tracy, E. E., to Joliet.

Watterson, Walter H., to N. Chicago.

Whitmore, Eugene R., to Washington, D. C.

CHANGES TO CHICAGO.

Abbott, Geo. D., to 128 Dearborn ave.

Alcorn, Archibald J., to 1611 Armitage ave.

Alderson, John J., to 264 S. Halsted st.

Allinder, Daniel G., to 7150 Emerald ave.

Bick, John M., to 509 Cleveland ave.

Baccus, Victor J., to 281 Oak st.

Banning, E. P., to 100 State st.

Barrett, Edward J., to Palmer House.

Barryte, E. L., to 256 Belmont ave.

Beers, Lila E., to 3646 Wabash ave.

Bennett, Robert F., to 4327 Indiana ave.

Berard, Henry W., to 1107 W. Chicago ave.

Blomgren, Chas. E., to 1450 Belmont ave.

Bond, John H. R., to 153 53d st.

Boulter, Sarah E., to 347 Fullerton ave.

Boyd, Laura E., to 824 Wilson ave.

Clark, Fay T., to cor. Wood and York sts.

Caldwell, Henry J., to 944 S. St. Louis ave.

Carver, Simon C., to 101 Laughlin st.

Chamberlin, Wm. E., to 324 57th st.

Clendenen, Irving, LaGrange to 70 State st.

Collier, Amy W., to 3338 W. 64th st.

Conroy, Anthony F., to 167 Dearborn st.

Crary, Eva E., to 3514 W. 62d Place.

Crowley, John F., to 601 W. Garfield boul.

Curtis, Wilbur F., to 9244 Cottage Grove ave.

Diamond, I. V., to 294 W. Division st.
Drozdownicz, Sucher, to 3315 S. Morgan st.

Howell, Elmer E., to 249 Dearborn ave.

Leach, Roy B., Joliet to 838 W. 64th st.

Lyon, Wm. M., to 5000 State st.

Rubin, Geo., to 92 State st.

Stevens, Branwell F., to 100 State st.

Thomson, Orion K., to 2508 Indiana ave.

Wiley, Edwin H. Jr., Charleston to Cook County
Hospital.

Walker, Robert J., Aurora to 258 64th st.

CHANGES FROM ILLINOIS.

Barto, Jay H., Waverly to St. Louis, Mo.

Clements, Geo. E., Springfield to Peru, Ind.

LaRue, R. E., Mound City to Owensboro, Ky.

Looney, John T., Vienna to Indian Territory.

O'Malley, Thos. J., Joliet to _____

CHANGES TO ILLINOIS.

Brelsford, Joseph, East Land, Tex. to Onarga.

Burkhardt, Chas. F., to Fairland.

Hill, Columbus C., Luray, Mo. to Manito.

Laudermilch, C. E., to Geneva.

Mershon, Glenn E., St. Louis, Mo. to Mt. Carroll.

Phipps, W. C., to Medora.

CHANGES IN ILLINOIS.

Athon, Wm. L., Lincoln to Marshall.

Burnham, A. F., Jacksonville to Mason City.

Birch, Edward L., Robinson to Hospital.

Buswell, Clark A., Polo to Elgin.

Beattie, Andrew B., Anna to Red Bud.

Craig, James A., Blackburn to Farmersville.

Cröuch, Elmer L., Jacksonville to Menard.

Davieson, Lizzie M. M., Pekin to Eureka.

Foster, Walter E., Elgin to Spring Grove.

Foster, Thos. R., Hospital to Watseka.

Frisbie, Robert L., Baileyville to Lincoln.

Frank, Wm. E., Itaska to Waggoner.

Gillette, Philip F., Stillman Valley to Elgin.

Golden, John J., Quincy to Xenia.

Gould, Chas. W. Jr., Dundee to Huntley.

Harvey, John G., Blue Mound to Decatur.

Higgins, Richard T., Menard to Vandalia.

Heffran, Michael T., Shelbyville to Decatur.

Hill, Matthew M., to Springfield.

Jenks, F. H., Elgin to Aurora.

Jackson, Flora M., Shelbyville to Danville.

Jackson, John H., Shelbyville to Danville.

Kell, Omar A., Danvers to Hospital.

Kaesar, Albert F., Highland to Bloomington.

Landon, D. M., Burton to Quincy.

Lee, Arthur M., Carbondale to Menard.

Lane, Geo. H., Menard to E. St. Louis.

Montgomery, C. L., Bushnell to Blue Mound.

McRaven, P. H., McClure to Anna.

McLean, Samuel H., Hillsboro to Lincoln.

Porter, Denis W., Blue Mound to Decatur.

Ronalds, Harold E., Grayville to West Salem.

Raymond, Elias H., Stonington to Mt. Auburn.

Rinehard, Bert M., Flora to Chadwick.

Robbins, Joseph, Quincy to Jacksonville.

Sanders, David R., Jonesboro to Anna.

Solliday, M. H. to Owaneco.

Songer, Walter E., Carlyle to Menard.

Trigg, Franklin E., Waggoner to Roanoke.

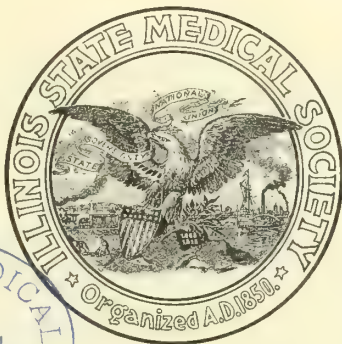
Wilhelmy, S., Decatur to Harristown.

Winslow, Frederick C., Jacksonville to Peoria.

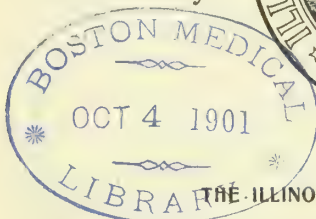
Withingham, R. H., Lamb to Elizabethtown.

ILLINOIS Medical Journal

The Official Organ
of the
State Medical Society



Monthly Under Direction
of the
Judicial Council.



Printed by

THE ILLINOIS STATE JOURNAL COMPANY.

Entered in the Springfield Postoffice as Second-Class Matter.

Volume LI.
New Series, Vol. III. {
Number 5.

Springfield, Ill., October, 1901.

{ Subscription, \$3 a Year.
Single Copies, 25 Cents.

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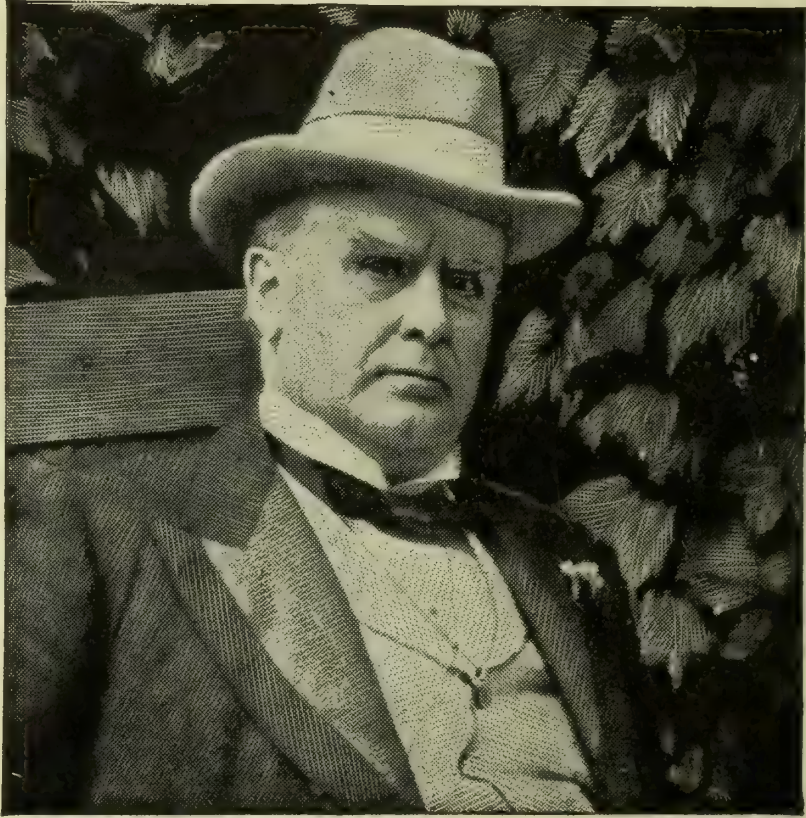
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WILLIAM MCKINLEY.

“He had borne his faculties so meek, he had been so clean
in his great office, that his virtues plead like angels trumpet
tongued at the deep damnation of his taking off.”

The Illinois Medical Journal.

The Official Organ of The Illinois State Medical Society.

VOL. LI.
New Series, Vol. III. {
No. 5.

Springfield, Ill., October, 1901.

{ SUBSCRIPTION
\$3.00 A YEAR.

TREATMENT OF ABORTION.*

BY CHAS. B. REED, M. D., CHICAGO.

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Medical School, Associate Obstetrician Cook County
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Lying-in Hospital and Dispensary.

The most frequent disturbance of pregnancy can well be the most interesting and an event occurring once in every ten pregnancies must demand our best attention.

The pronounced and often long continued hemorrhages and the not infrequent septic infection of themselves produce serious disturbances of health while the numerous chronic diseases which result from imperfect involution lend to abortion a peculiar importance.

The limitation of the term abortion to the period preceding foetal viability is very convenient for description and the treatment up to the sixteenth week can be satisfactorily standardized as there is a happy coincidence in the arbitrary and pathological boundaries.

Primarily every woman subject to conception must be regarded as aborting when hemorrhage occurs and one period is passed.

In accordance with the different conditions which come under observation and give variance to the treatment it is best to adhere to the division of abortion, first into general prophylaxis and then the measures indicated respectively in threatened, inevitable and incomplete abortion.

Prophylaxis is highly important and largely dependent upon the etiology as for instance in habitual abortion the cause can be often attributed to syphilis, chlorosis, incipient tuberculosis, chronic inflammatory conditions of the genitalia and malpositions of the uterus.

Appropriate treatment undertaken before pregnancy occurs, to relieve or cure

the disease, together with regulation of the bodily functions during pregnancy will accomplish much, while the administration of the sedatives (opium, bromide, chloral, etc.) and the attainment of mental and bodily rest at the critical period will frequently enable the woman to go to term.

That an abortion has *per se* consequences which sometimes predispose to another can not be doubted. Thus subinvolution is common after abortion, for the contractions of the uterus are less powerful, the muscular tissue less perfectly developed and less responsive to irritation.

The customary irritation is also less since the stimulation arising from lactation and nursing is absent. The patient usually gets up too soon and the consequent pelvic congestion prevents the proper uterine reduction. A general condition of anaemia may have a like result.

Here then is a suggestion in treatment which begins the prophylaxis after the occurrence of abortion. The uterus should be incited and stimulated to contract by means of ergot for a reasonable period *post abortum* and possibly hot douches might be added provided they can be given properly. Furthermore the patient is required to remain in bed much longer than for a normal labor. This is regarded as a measure of extreme importance and should be enforced until the danger of subinvolution is passed.

The occurrence of abortion presents distinctive diagnostic phenomena and with the onset of acute symptoms, hemorrhage of some degree becomes prominent in all cases accompanied by heaviness and abnormal sensations in the lower abdomen which are not necessarily painful. The hemorrhage is usually bright red, persistent and free from clots.

Examination reveals the *os externum*

*Read at the Fifty-first Annual Meeting of the Illinois State Medical Society, Peoria, May 21, 1901.

only partially opened, the cervix either closed or only slightly dilated; contractions are rarely present and typical pains are absent. This condition is recognized as "threatened abortion" and the egg is not yet certainly lost.

The etiology is again highly important in regard to the treatment.

Is the hemorrhage due to disease which will be intensified by pregnancy or cause danger to the mother (tuberculosis or valvular heart disease)? Is the woman anemic from repeated hemorrhages? Nature must be assisted to throw off the burden, for if the foetus is dead, the pregnancy is physiologically terminated and the abortion should be accelerated.

It is extremely difficult however to make a diagnosis of foetal death. Some reliance must be placed upon the history of a previously expelled dead ovum and the consideration therewith of an intermittent discharge of fresh or brownish blood. Add to this the physiological signs of a hard round uterus which does not show signs of growth on repeated examination; does not correspond to the period of the pregnancy; exhibits loss of tension on palpation and a diagnosis can be made with reasonable certainty.

If the cause of the abortion is not clear and life is in no way endangered, the egg should be preserved if possible. Here all the measures employed in threatened abortion are again serviceable and the woman should remain in bed for two or three days after the cessation of hemorrhage and return to it if the symptoms re-appear. When the cervix is closed and hemorrhage is present to a dangerous degree threatening the life of the mother no time can be lost in debating whether or not the abortion is inevitable, nor can expectant methods be employed.

The indications are very clear to stop the hemorrhage and empty the uterus and fortunately we have at hand a method which will always accomplish the first and usually the second, namely the tampon, uterine if possible, vaginal always. The tampon tightly applied can be left in

situ safely for from twelve to twenty hours and can be repeated if the hemorrhage persists. This will secure the early and complete expulsion of the secundines and frequently the contents of the uterus will be found on the tampon when it is removed. A careful examination of the expelled particles must be made to determine whether the ovum is complete. Occasionally the egg is thrown off with the membranes intact, but usually only a mass of decidua mixed with membranes can be found.

Where the abortion is inevitable the os is dilated, the cervix patulous and the ovum presents in the canal near the cervix. Hemorrhage is persistent, increasing in quantity and clotted. The connection with the uterine body is lost, and the unruptured sac can often be pulled into the vagina with the finger, while even if the sac ruptures the ovular remnants usually can be easily removed because of the low situation in the cervical canal. The entire egg when released from its uterine attachments is sometimes expelled by compressing the uterus between an external hand and two fingers in the anterior or posterior fornix (Hoenig). When the egg lies wholly or largely in the uterine cavity it is much more difficult to remove but under narcosis the finger can be carried through the canal and the mucous membrane efficiently cleared. Here also in the absence of contraindications the tampon can be employed and after twelve to eighteen hours the uterine contents will be evacuated or the os be found sufficiently patulous for digital or instrumental curettement of the cavity.

In pregnancy up to the third month it is often doubtful whether or not the egg has escaped, but in all cases where the phenomena of abortion have not lasted a long time, it is easy to determine, for the cervix is still wide, the walls soft, the os *internum* patulous for the finger and exploration will give the desired information.

Early in pregnancy the decidua is the most important part of the abortion, the membranes less and the foetus not at all,

but with the involution of the vera and reflexa and the formation of the placenta the latter assumes the most importance and retains this position until in the latter half of pregnancy the foetus supplants it. Hence in early abortions it is of prime importance to secure the complete removal of the decidua from the uterine cavity.

When the cervix is partly open and hemorrhage is present it means that the abortion is incomplete and if the hemorrhage is severe, the prompt evacuation of the uterus is imperative. Active interference is not dangerous if the operator is aseptic. If the cervix permits, digital curettement is more efficient and satisfactory.

Anesthesia is usually required and chloroform is to be preferred. Now the entire hand can be introduced into the vagina if necessary, while the external hand grasps the *fundus uteri* and crowds it down over the index and if possible the middle fingers of the internal hand. The ovum is separated from the uterine wall with the fingers, the uterine cavity carefully revised and then washed out with a two per cent. solution of lysol.

In the choice between digital and instrumental curettement the individuality of the operator finds considerable latitude.

It is undoubtedly true that the digital operation is more satisfactory and in a majority of the cases as easily performed as the instrumental.

Those cases must also be considered where the rigidity of the abdominal walls does not permit the uterus to be forced down over the internal finger by the outside hand; when the fundus lies too high to be successfully reached by the finger, and when the abortion is too early to permit sufficient dilatation for the introduction of the finger. In very early abortion before the softening due to pregnancy is well established the uterine walls are extremely resistant and if an entrance can be forced eventually by the finger, it is with a great expenditure of time and energy and even after succeeding the fin-

ger may be numb and useless on account of the labor undergone.

In these cases a skillful operator will obtain equally satisfactory results by forcibly dilating the canal with the Hegar or Goodell dilators. The danger of lacerating the cervix with these instruments is very remote. The cervix is pulled down and steadied by means of a curved four-toothed tenaculum forceps during the preliminary dilatation and also while using the curette. The sharp curette is the most desirable and gives excellent results in the early abortions. It is very important in these cases to revise the uterine cavity with the finger after instrumental curettement to determine the thoroughness and completeness of the operation.

After the sixth month the sharp curette becomes a dangerous agent in the uterus for the walls of the organ are frequently so softened that the curette may scrape through to the peritoneum or be pushed through the fundus.

It has been demonstrated that the normal uterus and vagina will drain very satisfactorily if let alone, hence unless there is indication of severe hemorrhage it is better after curettement to leave both the uterus and vagina free from gauze packing. The uterus is now free to contract, the serous and other discharges flow away unhampered to the outlet, and the chances of infection are greatly diminished.

The use of ergot to hasten the abortion by stimulating the contractions is very generally advised but the practice should be unhesitatingly condemned. The tetanic contractions induced by ergot are not favorable to the satisfactory emptying of the uterine cavity. In the cases where it is usually exhibited the tampon accomplishes the same result more efficiently and certainly and is safe with all, while ergot is an unreliable and dangerous agent. The somewhat trite saying that "ergot should be avoided while anything remains in the uterus" is to be definitely enforced here. The use of ergot should be reserved for those cases where hemorrhages threaten

after the complete evacuation of the uterus and in cases of subinvolution.

The tampon properly applied is an invaluable aid in abortions. It stimulates uterine contraction, dilates the os and stops hemorrhage both mechanically and dynamically besides maintaining a condition of surgical cleanliness. The clot which forms on top of the tampon mechanically causes the separation of the ovum in a very natural and satisfactory way.

There are conditions however where the tampon can not be employed. The principal contraindication is in the presence of sepsis. After the sixth month also the uterus is so large that it can contain a large amount of blood and here the vaginal tampon should only be employed in association with uterine packing.

The application of the tampon is made with the patient on the table or in the cross-bed position. The pubic hair is clipped. The external genitalia are scrubbed with green soap and douched with lysol solution 2 per cent. followed by 1-4000 bichloride. Patient catheterized. Vagina washed with green soap and hot water, followed by lysol douche two per cent. The hands and instruments prepared as for a laparotomy.

To be effective the *portio vaginalis* should be entirely surrounded by gauze (or cotton pledgets) introduced by dressing forceps or fingers under the control of the sight while the perineum is depressed with a Sims speculum. Then on the broad base made by the pledgets and the os, the vagina is gradually filled to the vulva and a binder applied. Unless the vagina is packed tightly enough the tampon fails of its mission and if too tight it gives unnecessary discomfort to the woman.

The temperature is taken every four hours and a rise of 1.5 degrees Fahrenheit indicates the removal of the tampon.

The necessity for asepsis in all cases must be reiterated; the fact that pregnancy and labor are physiological processes does

not free the woman from danger of infection.

It is hardly questioned that the introduction of substances from without constitutes a more serious menace to the woman than any evil she may develop unaided, hence it is desirable to avoid unnecessary interference of every kind, including the douche. The time for the douche is before and after the curettement, to cleanse the canal and wash out any loose detritus from the uterus and vagina and to provide for the elimination of germs introduced from without at the time of the operation but here its function ends.

It is unnecessary, useless and injurious both in normal labor and abortion as the experiments of Kronig, (confirmed by Doderlein, Menge, Williams and others) have shown.

The germs in the vagina are normally in a state of attenuated virulence, being rendered so by the peculiar acid secretion of the vagina bacillus. Wadsworth has shown that pathogenic germs only exceptionally persist in the vagina throughout pregnancy and labor and where present in severe cases, they persisted after repeated douching with 1-5000 bichloride. This agrees with Kronig's experiments fully. Kronig has also shown that the vagina requires more time to eliminate pathogenic organisms after douching than without.

In normal cases the vaginal secretion renders the organisms inert in twenty hours; after douching thirty-six to forty-eight hours is required.

The douche simply removes the protective secretion and gives the organisms a better chance to thrive.

Furthermore the attempt to sterilize the vagina by douching alone is no more reasonable than to attempt to sterilize the hands by allowing a few quarts of hot antiseptic solution to run over them. In proscribing the douche, an associate and false friend of many years is banished together with a multitude of elevated temperatures.

In cases of abortion where sepsis is al-

ready present as shown by the elevation of temperature and rapid pulse or by a rapid pulse while the temperature remains near the normal, active interference is definitely and urgently indicated. The uterus should be curetted at once and the cavity thoroughly washed out with a hot one per cent. lysol solution (bichloride to be avoided).

When the uterus is once thoroughly cleaned and irrigated it seems best to leave it entirely alone and "treat the patient," by assisting her to antagonize the toxins which the uterus takes up. These cases ought never to occur in practice where the patient has been under the control of the doctor from the first, but even when met with, if treated at once, they usually terminate happily, but when decision is reserved and the case treated expectantly, the results are not so satisfactory. It is a well-known observation that the fatalities from abortion are mostly among the cases criminally produced.

Where the patient is profoundly anemic from sudden or long continued hemorrhage, the urgent symptoms can be temporarily relieved by the introduction of from one to five pints of normal salt solution by means of an aspirating needle and the douche bag all being carefully sterilized as well as the solution. The needle should be introduced under, (not into) the mammary gland of one or both sides as may be required.

It would hardly seem necessary to refer to the tent except for its occasional unwelcome appearance. Under no circumstances can the use of tents be justified. They are unnecessary, imperfect and incapable of complete sterilization. This latter condition alone renders them injurious and dangerous in extreme and precludes their use by conscientious practitioners.

Furthermore the introduction of styptics into the uterine cavity must be expressly condemned as unnecessary and always harmful. An exception is possible in the case of iodine which is the least objectionable.

Every abortion must be regarded as a severe surgical case and treated as such in justice to the patient and the attendant. The practitioner should be alert at all times to impress upon his clientage that abortion is a very serious matter and requires the best judgment and skill obtainable in its management for where one woman passes through these perils successfully many are seriously affected, either directly or remotely and no physician can be free from anxiety until the case has terminated.

DISCUSSION.

Dr. Emil Ries, of Chicago: Mr. President. I think the paper of Dr. Reed is one of the most useful and practical from the standpoint of the general practitioner, because it gives such reasonable directions for the treatment of these cases. If the general practitioner reads the text book he used when he was in school, and now hears Dr. Reed's paper, he will say to himself, "I have been taught to use the curette, the dull curette; I have been taught to use douches after labor; I have been taught to use ergot, and now I find that this is all wrong." He gets all mixed up. It is rather hard for a general practitioner, who has seen his patients recover with and without douches, and after the use of the dull curette, to tell exactly which is right. When he comes to read experimental literature, he gets mixed up more than ever. We need such papers as Dr. Reed has given us, that will tell us what is essential, what is reliable, and what is unnecessary. We have been troubled in our treatment of these cases with the unnecessary and dangerous things more than with anything else. All that we have been taught about douching a patient during and after labor is unnecessary, and therefore harmful. The use of instruments in cases of abortion is, to a large extent, unnecessary also. I would like to go a little further than Dr. Reed did. I never used a curette while the abortion is going on, but where there are small remnants of placental tissue, it is another thing. With a curette we are apt to perforate the uterus, but with the finger we are not so liable to do so. Perforation of the uterus is bound to occur in the hands of those who use the curette to any extent. The transactions of the Berlin Gynecological Society contain a paper on perforation of the uterus after abortion, which was read by a good man and in the discussion on it several of the professors of the University, men who have treated many, many cases of abortion, got up and confessed that they had perforated the uterus with the curette, and advised strongly against its use, and recommended the aseptic finger instead.

I wish to mention one treatment that is useful to the general practitioner in cases of incomplete abortion, namely, packing the uterus with iodoform gauze, without any attempt

being made to remove the placental remnants. Where a part of the abortion has come away and a part has remained behind, it is not necessary to make an attempt to dilate the uterus, all that is necessary is to pack the uterine cavity with aseptic iodoform gauze as tight as possible then to leave it alone. The uterus, in the course of time, expels the gauze with all the placental tissue on it. It interferes the least with the uterus.

Dr. C. B. Brown, of Sycamore: This, to me, is one of the best papers I have ever heard on this subject, principally because, perhaps, it coincides with my own ideas in regard to the treatment of abortion. Speaking of the use of the tampon, I had been in practice a great many years before I used the tampon, and I remember being called hastily, to see a case of abortion. I had in my obstetrical bag a yard of iodoform gauze in a single jar which I have for that special purpose. It is clean. I use gauze from that one jar, and never use the remainder of it for any other purpose. I used the tampon in this case, and the next morning I found exactly the result the Doctor has described.

There are many times when we can use the dull curette to advantage. I have used it in many cases with great advantage to myself and to the patient, and it seems to me somewhat remarkable that a man should perforate the uterus with a dull curette. I can hardly conceive of anyone doing such a thing who has any degree of skill.

The treatment of abortion by the country doctor at a farm-house is quite a different thing from its treatment described by Dr. Reed. It would be impossible to carry out all of the precautions that he referred to, as well as the preparations. It would seem from my experience that the more nearly we do carry out his directions in these cases, the more nearly perfect our results will be. I would not hesitate to use the tampon when my patient is far away from me, and where I could not see her frequently. In other instances, where I had the patients near at hand and under my control, I would not use it so frequently. If the patient is to be treated at a distance, I would use the tampon either for the purpose of arresting hemorrhage or preventing it. I would use the dull curette by bending it a little more or less, to suit the case, because we cannot always introduce the hand into the vagina nor the finger into the cervix. We can use the curette, with much less pain and inconvenience to the patient. We must be guided largely by the surroundings and conditions of the patient and family. The use of the dull curette and tampon, with as little interference as possible, will bring us out successfully.

Dr. Joseph Brayshaw, of Berlin: I have listened with a good deal of interest to this very excellent paper, and in connection with it I wish to report a case that came under my care very recently. An old physician, in attending the case, had made a diagnosis of inevitable abortion, and sent for me to empty the uterus as he was not feeling very well. He thought the uterus should be emptied. The

temperature of the patient was $103\frac{1}{2}$; the fetus had been dead two or three weeks. I found that the woman had been given ergot and an attempt had been made to empty the uterus, but the ergot had failed to do its work. It is needless to say, that the tonic contractions of the uterus caused by the ergot, were such that it was almost impossible to empty the uterus, the cervix being dilatable but immediately contracting like a rubber—when my fingers were removed. I succeeded in doing so; I removed all of the placenta with my fingers and with a pair of placenta forceps that I passed in by the side of my index finger. After this the temperature gradually declined to about 100° , as I was told by the old physician who was attending her. As the husband thought that his wife was not getting along well enough, another physician was called in consultation, and he thought he had to do something, and he took an instrument, which I will mention only to condemn, namely, a spiral curette, with an inch and a half augur, and augured the uterus and brought away a large amount of the lining membrane of the uterus, and used an undue amount of force. If he did not rupture the uterus it was not his fault. This man continued his treatment by using intra-uterine douches, twice a day, for about ten days. The woman's temperature arose to $105\frac{1}{2}^{\circ}$. The physician, who was first attending her, was called to attend her in conjunction with the other practitioner, and he asked me about this treatment. The physician had been in practice about thirty years. I told him that it was the best way I knew of under the shining sun to make a job for the undertaker, and since the people did not have very much money for the undertaker, and less for the doctor, I discontinued treatment, and went home. Treatment was discontinued, and in spite of what had been done, the woman is now recovering slowly, her temperature being normal. It is now five weeks since the uterus was emptied. If this woman had been treated along the lines directed by the essayist, she would have been able to get up in from two to three weeks.

I treated another case in my own practice in which I simply emptied the uterus, cleaned the vagina, and never used an intra-uterine douche. The case was practically similar in every respect. The woman was up in three weeks, and is now in good condition.

Dr. Reed (closing the discussion): I wish to thank Dr. Ries for his courteous commendation, and I must confess my predilection for the use of the sharp curette in early abortions. I must confess also to a predilection for leaving the empty uterus unpacked, excepting in cases of threatened hemorrhage. Packing with iodoform gauze is, I believe, an excellent thing, but I would prefer always, unless evidences of hemorrhage were pronounced, to leave the uterus unpacked.

With regard to the statement made by Dr. Brown as to the little danger attending perforation of the uterus with the curette, I wish to take exceptions. I remember distinctly a case reported by a German physician where

the uterus was perforated, and immediately hysterectomy was done, the uterus brought out, laid upon the table, and the curette, in being balanced upon the uterus, sank through the uterine tissue by its own weight. This case should be a lesson to us.

With respect to the use of ergot, I have just a word or two to say. I recall a case in which I was called in consultation where a woman was bleeding profusely. A practitioner had attempted to stop the flow by the use of ergot, and the undilated cervix presented the same appearance that has been represented, namely, that it had that elastic quality which prevented its permanent dilatation. The woman was entirely exsanguinated, and died before the cervix was dilated, and before the uterus could be cleaned out.

In a case I saw in Wisconsin, of a woman with *hyperemesis gravidarum*, upon whom I did a curettement, the same characteristics of the cervix presented themselves. I said to the attendant, "You have given ergot." He denied it. I said, "I know you have from the condition of the cervix," and he afterwards admitted it. We had the same elastic condition and the same inability to dilate. Dilators were introduced, and as soon as they were removed the cervix contracted rapidly, and the instrument could not be reintroduced without great difficulty.

GLIOMA OF THE BRAIN—RECOVERY FROM THE OPERATION AND PRESENT STATUS OF THE PATIENT.*

BY J. F. PERCY, M. D., GALESBURG.

The surgery of malignant growths in the brain has not been of late a subject over which surgeons have manifested any enthusiasm.

Brain surgery as a legitimate part of the great field of surgery has undoubtedly been delayed in its progress by the high hopes entertained by its early advocates. MacEwen, Godfrey, Horsley, Keen and Starr were the means of starting a great wave of operative experiments which have resulted so far in much disappointment. The results have but added to the reproaches which medicine and surgery must bear because of unwarranted conclusions drawn from insufficient data. It is but a few years ago that operators were scooping out great quantities of brain tissue and

publishing the fact under the rather generic term of Brain Surgery. This is one extreme. It has resulted in the doing nothing policy of the present day, which is the opposite extreme.

Between the two I believe is a mean that if followed will give results equal with those obtained in other portions of the body when it is the subject of a malignant neoplasm. Certainly this is true in the case here reported as far as the prolongation of life and the amelioration of the distressing symptoms is concerned. For here, the relief for nearly a year following the resort to surgery was marked and now no matter what the ultimate course of the case may be, the operation was justifiable.

Before operation the pain in the left leg of this patient together with the frequently recurring Jacksonian epileptic seizures were distressingly severe. It was this suffering on the part of the child that led the parents finally to ask that an attempt be made to at least relieve the symptoms by the aid of surgery. It is my purpose at this time simply to fully report this case in order that it may be added to the constantly growing list of cases reported of tumor of the brain where the symptoms have been improved by the aid of surgery.

C. M. Aet. 7 years has a family history as follows: His maternal grandmother died at the age of 55 years from chronic bronchitis and asthma. Her husband died of galloping consumption aet. 30. Was sick but two weeks. Of the paternal grandparents nothing of value for this report is known. Of the maternal uncles and aunts there is no special history of disease. The patient's father is healthy and has had no special trouble as far as disease is concerned except a testicle which became cystic after an injury received in England while playing cricket. The testicle was removed by me eleven years ago. The mother is a woman who has enjoyed average health with the exception of a tumor in the left breast noticed about four years ago. I knew nothing of this until last October when I advised its removal. Under the microscope by a competent

*Read at the Fifty-first Annual Meeting of the Illinois State Medical Society, Peoria, May 21, 1901.

pathologist it proved to be a chronic interstitial mastitis which had resulted in the formation of a cyst.

Personal history of patient: Born at term after a perfectly normal labor. Developed normally. When I saw him first at the request of Dr. Rice his physical appearance was exceptionally good. The only history of illness obtained was in reference to whooping cough at the age of six years and the measles, from which he was convalescing when I saw him. There is no history of injury except a severe scalp wound over the anterior and right side of the head received from striking a paving brick. The blow was sufficiently severe to stun him a little while. This was in July, 1897.

The first symptom which is important in its bearing on the present condition of the patient was a convulsion in which he was discovered by an older brother while the family were summering on Lake Michigan in August, 1899.

When found he was unconscious and with the eyes fixed. This is all the information that the family can give regarding this attack excepting that their own idea as to the exciting cause of it was green apples eaten by the patient during the day.

In June of the following year (1900) while at the same resort and in bed the mother accidentally discovered the child in another paroxysm of the same general character as that described above. The mother does not remember that they attributed this attack to anything but the worry on the part of the child incident to the departure of his father for their home in Galesburg. Further, the mother is certain that in this attack the child did not lose consciousness, although she remembers that the eyes were fixed.

No new attack was observed until the middle of the following August. This was very severe, so severe that the attending physician was doubtful for a time of his surviving it. Again green apples eaten during the day were set down as the exciting cause. This attack began be-

tween eight and nine o'clock in the evening and the patient did not recover from its active symptoms until after two A. M. the following day. During this time he was unconscious. Cyanosis was marked due to the persistent tetanoid contraction of the thoracic muscles. The muscles of the extremities (upper and lower) were likewise rigid. It is interesting to note that in the early spring, (April) previous to the severe attack just described there were certain prodromata which the subsequent severe symptoms make valuable to relate. The mother very well described them as "little attacks of nausea." They became more pronounced. In the beginning they were attributed to indigestion, and later worms were looked upon as the etiological factor in their causation. This seemed to be confirmed by the discovery of large numbers of seat worms in the rectum. For a time after his treatment for the removal of these parasites he was free from the nausea, and this still further confirmed the diagnosis of their relationship to the symptoms. He was sent back to school but the nausea gradually returned. It persisted and finally was overshadowed by the vomiting which almost always followed its development. The paroxysms of nausea and vomiting were almost always accompanied by a slight turning of the head to the left, together with grotesque movements of the mouth and lips. The latter would turn white and assume a sucking movement.

The face at these times wore an anxious expression. There was no frothing at the mouth, no biting of the tongue, only the expulsion of a little saliva during the attack. The patient did not fall, but would stand erect and perfectly quiet.

Following these attacks at times he would want to lie down, but not infrequently he would go on about his play. There is no history of complaint from headache at any time. The frequently recurring attacks of nausea and vomiting together with the convulsions led the child's father to care for him at night. It was while they were occupying the same bed

that there was noticed a rythmical contraction of the great toe of the left foot. This persisted during sleep. Within a few days of the discovery of this symptom the patient was attacked (March 21, 1900) with measles. This disease was of an average degree of severity, although the attack was ushered in by a very severe convulsion on the date just mentioned. Following the measles the symptoms from which the child suffered were in every way aggravated. This was especially true of the convulsions which were not only more severe in form but recurred with greater frequency.

This was the status of the case when Dr. Patrick of Chicago was asked to see the patient and make a diagnosis. During his visit the patient had a convulsion which confirmed the diagnosis already made by the doctor after he had obtained the history, viz., brain tumor involving the great toe center of the sensori-motor tract on the right side near the fissure of Rolando.

This convulsion was one of the forms typical of those described and known as Jacksonian epilepsy. The motor disturbance would manifest itself by a pronounced forward and backward movement of the great toe which rapidly extended to the foot, leg, thigh, trunk, arm, hand and head. The latter would turn to the left. The right side of the body was usually rigid and at the acme of the paroxysm this rigidity would extend to the left side as well.

The patient would roll over toward the right side and extend the left leg and arm in the air, a typical picture, when considered with the other symptoms, of the paroxysm viz., turning of the eyes to the left, rapid motion of the lips, inhibited respiration and loss of consciousness. The condition of the patient subsequent to the attack depended upon how near the motor form of Jacksonian epilepsy the attack remained. Some seizures approached the psychic type and in these the convulsive part of the paroxysm was much diminished. This was especially true of the times in which the patient would awaken suddenly from an apparently sound sleep

(although usually of but a few moments duration), and complain that he had been having "horrid" dreams. At other times he would apparently awaken in this way and then pass off into a convulsive paroxysm of greater or less severity.

The rythmical movement of the toe continued until the time of the operation. Pain in the foot and leg was one of the most distressing features in the case. In truth it was this that led the parents to consent to operation. Another thing noted was that the muscular movement accompanying an attack did not always commence in the great toe. The thigh, leg or hand might be the part first disturbed. The deep reflexes were exaggerated especially on the side opposite to the diagnosed location of the tumor.

With the ophthalmoscope the right eye was found to be normal. The left gave evidence of a neuro-retinitis. Dr. Patrick suggested that the diagnosis lay between a glioma and tubercle. The ultimate prognosis in the former event being bad either with or without surgery. The history of the case was as detailed above for some weeks after the diagnosis was positively made with the exception of the fact that the complaint from the pain in the leg was constantly growing more pronounced. Operation as a means of relieving this was urged both by Dr. D. M. Rice, the attending physician, and myself.

Before the consent of the parents could be secured for this Dr. F. P. Norbury of Jacksonville was asked to see the child with the hope on the part of the parents that he could make a diagnosis that would have more of the elements of hope in it than that already arrived at by Dr. Patrick.

The examination of the case by Dr. Norbury brought out the same facts and the conclusions formulated were the same as those already given by Dr. Patrick. Indeed it was a splendid tribute to the value and importance of cerebral localization to witness the same results in diagnosis upon the part of the last examiner as were arrived at by the first.

The operation was performed May 11th,

of last year. I will not attempt to describe it because every text book on surgery contains full information as to the necessary technic. This with good surgical judgment and aided by skilled neurologists makes it possible under the conditions found in this case to relieve suffering and prolong life. It is bad surgery on the part of a surgeon, unless he is a skilled neurologist, to open the skull for any purpose if he can not first command the assistance of men who have had a thorough neurological training, as was true of the consultants here.

When the skull was opened, after the location of the tumor had been determined and mapped out by Dr. Norbury, the growth bulged into the opening, confirming most beautifully the previously predicted location made by both Drs. Patrick and Norbury. Their diagnosis was made on the following facts present in this case,—convulsions, epileptiform in character, commencing in the center of the great toe and limited to the left side of the body.

These were followed by slight palsies: there was a persistent spasm of the muscles of the great toe in the interval. This constant irritation suggested the location of the lesion near the cortex and probably in it, as the paralysis was incomplete, localizable and affected only one group of muscles.

When found the tumor was sub-cortical originally, egg-shaped, with the apex infringing upon and extending into the cortex at this locality. Two pronounced symptoms which usually accompany tumors in the brain were not present in this case viz., headache and papillitis or choke-disk. It is not my purpose at this time to discuss the probable reasons for the absence of the first mentioned symptom in this case. As to the absence of choke-disk I can give no satisfactory explanation. It is not now and never has been present unless the neuro-retinitis is considered but a variable degree of choke-disk.

Following the operation the ophthalmological

findings were reported as follows by Dr. R. W. Matheny of Galesburg:

October 23, 1900.

Right eye normal. Left eye, neuro-retinitis, disk slightly veiled.

Retinal vessels indistinct.

December 22, 1900.

Right eye normal. Neuro-retinitis almost disappeared. Disk is normal.

A very slight haziness of retina.

April 10, 1901.

Neuro-retinitis present. Disk is markedly veiled. Retina hazy.

May 1, 1901.

Disk but slightly veiled. Retina nearly normal.

May 14, 1901.

Disk still slightly veiled.

The report of Dr. Maximilian Herzog of Chicago on the pathological findings of the tumor was as follows:

"Report of Dr. Percy's Tumor Case."

The microscopic examination of the tissue sent shows that it consists on one side of a blood coagulum. The hemorrhage which has formed the coagulum must have been of a comparatively recent date since the red blood corpuscles are well preserved in shape, color, etc. A comparatively small amount of haematoidin i. e. the product of decomposing haemoglobin is present only. The haematoidin presents itself in the form of granules and crystals. Fibrin is present likewise to a small extent only in the blood clot.

To the inner side of the blood coagulum is a tissue, apparently the meninges, into which a free hemorrhage has occurred. The latter must be of quite recent date since the red blood corpuscles are well preserved in shape, color etc., and haematoidin is almost entirely absent.

The tumor tissue proper contains quite a number of small blood vessels.

The tumor cells are of a round type, with round vesicular deeply staining nuclei and small cell bodies. These cells are imbedded in an abundant matrix which with the ordinary stains appears granular. With specific neuroglia stains however and in a few favorable places it can be seen that

the granular material contains fibers (neuroglia fibers). Large multipolar ganglion cells are also found here and there in the tumor tissue. It appears that the tumor is a neoplasm of the neuroglia, a glioma. The specific neuroglia stains do however not furnish a satisfactory picture. The tumor evidently was removed sometime after death or if removed by operation was not at once fixed in the proper fixative, which is however absolutely imperative for obtaining satisfactory neuroglia stains."

To conclude: Following the operation all the symptoms of pain and irritation as shown by involuntary muscular movements were removed. The slight paralysis of the muscles of the right side of the face was not greatly increased by the operation. This improvement persisted until last January.

The only interruption was an occasional convulsion but these were not as severe as formerly. Habit was given as their probable origin. Since that time the patient has not done so well. Evidence of a slow return of the growth is evident. The daily notes furnished me by the mother show the following for April 17th last: (I quote this as typical of all the recent reports). "A slight movement in left toe all the time. Complains of pain in the left arm and foot. This is not constant but is spoken of from three to eight times a day. Pain in arm is spoken of more frequently than ever before.

In walking limps a little or drags left leg slightly. Complains of a burning sensation in his fingers and arm and across his face and head. Complained today of nausea. At 2:30 A. M. had a slight unconscious attack and at 9:30 A. M. told his mother that he wanted to vomit." These symptoms with the obtunding of the intellect which is gradually developing now, are due undoubtedly to the growth invading a larger part of the brain tissue. He has taken strontium bromide more or less regularly since the operation. Within a few weeks his physician, Dr. Rice, reported the patient sick with the "grip"

complicated with a purulent otitis media of the right ear. This has depressed him greatly and at the present time he has not fully regained the physical vigor he possessed before its onset.

The prognosis then can only be that of a slowly progressive growth, malignant in character and hence ultimately fatal. Surgery has temporized with the fate of this patient and thus obtained a longer lease of life, and, in addition a probable exitus free from suffering.

DISCUSSION.

Dr. Hugh T. Patrick, of Chicago: Mr. President. Dr. Percy has reported this case so well and so fully, that there is very little for me to say regarding it. It is simply a typical case of brain tumor, and a striking example of fortunate location. The cases in which brain tumor can be successfully operated are rare, and they deserve to be recorded. This is to be considered a good result for brain surgery. The results of brain surgery in cases of traumatism, particularly if the operations are done soon after the injury, are often brilliant. But the operative treatment of brain tumor is a long and lamentable chapter in the history of modern surgery. What we do not know about brain tumor would fill several libraries, and what we do know would fill a pretty good-sized one. So I cannot go into the symptomatology or the diagnosis of brain tumor. I will simply say that in the great majority of cases the diagnosis of brain tumor is made with relative facility and it is not difficult to make the diagnosis fairly early, but in the majority of cases, a perfectly accurate localization cannot be made. We know that a tumor is present; generally we can tell on which side of the head it is, frequently what set of fibres it cuts or compresses, but there we stop. Of the minority of cases in which an accurate localization can be made, in many the tumor is inoperable, either because it is known to be situated where it cannot be reached and removed without amputation of the head, or it is found to be too large, to involve too much tissue, or to be a malignant neoplasm. That leaves an exceedingly small number of cases in which the growth can be localized and is accessible and can be removed without killing the patient and with no recurrence. This is one of the successful cases, and yet even in this case the result, although good, is far from perfect. I should like to have had present a boy about the same size as this one, who had a tumor on the same side of the head. I still have the case in Chicago. In my case the growth was much slower in development. The diagnosis of a growth in the brain and its localization were exceedingly easy, a case in which the operation was not particularly difficult, but in which the pathological diagnosis was very, very wide of the mark. I made a diagnosis of probable cyst of the brain, and what

Dr. Harris found at the time of operation was what he facetiously called a calculus on the brain. It was a new growth which had undergone calcareous degeneration, and whether originally it was a hemorrhage or a neoplasm, we do not know. Although the growth was not malignant, and probably is not returning, and although the boy was operated on eighteen months ago, and is still in excellent health, with no progression of symptoms, he has epileptic fits. He still has Jacksonian attacks, showing that he still suffers. He has the bad effects of constant and prolonged irritation extending over something like eight years, so that his brain cortex has gotten into the vicious habit of convulsing him, from which it cannot be corrected.

Dr. William H. Wilder, of Chicago: I did not expect to be called upon to discuss this paper. Dr. Percy has mentioned the presence of optic neuritis in the left eye in this case. But he speaks of it not as choked disc, but describes it as an optic neuritis. Really, it is not necessary to make any distinction between optic neuritis and choked disc. They are identical. If you find one, you have the other. Choked disc is nothing more nor less than an exaggerated form of optic neuritis. In choked disc we have an inflammation of the head of the optic nerve, and it differs from a slight neuritis in these cases only in degree, not in kind. Given a case of brain tumor, where we have even a mild degree of optic neuritis, we have a positive indication. It is interesting to note in this case that the optic neuritis was left-sided, whereas the tumor was on the right side. In this connection I have observed, and I have collected statistics of many of them, that when optic neuritis develops only on one side it is usually on the side affected by the growth. Although this is the rule, it is not by any means absolute. Usually optic neuritis is bilateral.

As to the frequency of this sign, it has been found by accurate observation of hundreds of cases, that optic neuritis is present possibly in eighty out of a hundred cases of brain tumor, and in twenty per cent. we will fail to find it. We may expect to find it, furthermore, in those cases where the growth affects the posterior part of the brain. It is found more frequently in tumors of the cerebellum than in tumors of the frontal region. The size of the growth does not influence it. I may say, that ninety per cent. of the cases of cerebellar growth are accompanied by optic neuritis. The most important point in this connection, it seems to me, is this: Many surgeons and physicians, with whom I have talked, will sometimes discard the idea of the presence of a brain tumor if optic neuritis is not present. It may occur at any stage of the growth; it may come on a few days before the termination of the case, or it may appear early, so that cases should be watched for this sign. In case it is found, we have a valuable confirmatory sign. In cases in which it is not found, the negative result of the ophthalmoscopic examination is absolutely of no value, and no one should exclude a diagnosis of brain

tumor, or should hesitate to attach importance to those signs which he has already determined, because of his failure to find optic neuritis. Being present, it is an important diagnostic point. Its absence like most other negative testimony, is valueless.

Dr. Carl Beck, of Chicago: I have had some experience with tumors of the brain, having operated on nine cases, I do not agree with some of the remarks made by Dr. Patrick, that these tumors give very little or no hope for the surgeon or patient. Of the nine cases I have operated on, three have fully recovered, and one has been well since 1892. The first four cases operated on by me have been reported by Dr. Marc Auvray in his book "Les Tumeurs Cerebrales," which was published in 1895, together with some eighty-four cases of brain tumors operated on by others. Since that time I have operated on another series of cases.

Brain tumors from a diagnostic standpoint have been well illustrated by Dr. Wilder, from whom I received one of the cases for operation. He has pointed out the typical symptom of optic neuritis. All cases of brain tumor, which I have observed, have shown universally optic neuritis, and, in fact, this symptom was the one that brought the patient to an ophthalmologist first, and then to me. It will interest the Society to know that the remarks made, that we cannot make a positive localization of tumors of the brain, is not absolute, because we have now one means that has not been mentioned of diagnosing and localizing these tumors, and that is by means of an X-ray examination. In one case, I believe it was Case No. 6 of my series, I was able to make a diagnosis and to localize accurately a tumor of the brain, which happened to be a benign growth, by the X-ray. It proved to be a cyst of the brain. I had expected to have a case from this city, (Peoria) present this morning upon whom I operated, and who was examined also by Dr. Patrick. In the case of cyst we have had paresis, not total blindness, but partial optic neuritis. In this case following operation there was a marked improvement in vision. The patient recovered absolutely from the paresis.

I will explain the case which I said has remained well since 1892. It was a case of syphiloma or gumma of the brain. This case is mentioned in the book I have referred to as being the case longest time on record that has survived operation. But the nature of the disease (gumma) explains the recovery.

I agree with Dr. Patrick and others that there is very little hope of effecting a permanent cure in cases of malignant growth of the brain, such as a glioma or gliosarcoma. That is the reason I did not operate on a case I have now in my care because I think with the Doctor that it is one of glioma. We can do something to relieve these tumors by puncture of the spine or ventricles, relieving the pressure symptoms, but we cannot remove the malignant tumor, and sarcoma recurs quicker here than in any other locality.

Dr. Percy, (closing the discussion): I hope that my paper has not been misunderstood. I certainly did not come here with the idea that recovery was going to take place from this operation. I tried to make plain in my paper that the boy was relieved of the severe symptoms that were so distressing to the family. In the light of recent literature, I think that Dr. Patrick has taken a little too gloomy a view of the case, and Dr. Beck, perhaps, is more nearly correct. The idea is gradually gaining ground in the profession that something can be done for these cases.

I made the statement that if it was a malignant case and we operated, for the removal of the tumor, just the same as we would for a neoplasm anywhere else in the body, we knew from experiences with these other growths about what the prospects were in cases like this one.

In reference to the remarks of Dr. Wilder concerning choked disc, I obtained my information in reference to this case from a recognized ophthalmologist. I may say also in this connection, that I got a good deal of help in preparing my paper from one written by Dr. Wilder a year or so ago, and published recently in the *Journal of the American Medical Association*. It was on the eye symptoms to be found in brain tumors. However, I believe this to be true or at least I was so taught when with Dr. Kipp of New Jersey; that when the optic nerve was prominent at the fundus of the eye; when it stuck out, if you please, like the rubber end of a lead pencil, that this was a typical choked disc. On the other hand, when the fundus of the eye showed various degrees of cloudiness without the prominence of the papillae that this was more properly spoken of as neuro-retinitis.

As to the X-ray as a means of diagnosis in cases of brain tumor, I know nothing about it. I have never had any one explain to me satisfactorily how one could localize a growth in a cavity that is surrounded by the same kind of material, especially when that material is bone.

DILATING IRRIGATIONS IN THE TREATMENT OF CHRONIC GONORRHOEA WITH EXHIBITION OF A NEW DILATING IRRIGATOR.*

BY E. A. FISCHKIN, M. D., CHICAGO.

The treatment of chronic gonorrhoea, like the treatment of every chronic disease, has two objects in view: first, the elimination of the original cause of the morbid process; and second, the reparation of the altered structural conditions.

We know from the treatment of acute gonorrhoea how difficult it is to attain the first object, how unsatisfactory are our attempts to combat the gonococci. As we have little or no means at our disposal of destroying the micro-organisms without injury to the mucosa, we are not able to arrest the course of the disease or even to influence its process. "We cannot prevent," says Oberlander, "the setting in of a more or less severe chronic inflammation; neither injections of any kind or any internal administration of drugs is able to accomplish it." Still less favorable are the conditions for the elimination of the gonococci in chronic gonorrhoea. As the organisms are no longer situated on the surface, but are deeply imbedded in the layers of the tissues and are not accessible to our therapeutic measures until we have improved the structural conditions. In chronic prostatitis, for instance, we find sometimes gonococci in the urethral discharge and see them disappear only after the prostatitis is cured.

But it is entirely different with the accomplishment of our second therapeutic object, the reparation of the altered structural conditions.

What are the structural changes and the causes of their appearance in chronic gonorrhoea?

According to Finger, there are two forms of chronic gonorrhoea: First, a purely mucous, superficial form, which results in superficial non-constricting, eccentrically retracting cicatrices; and the second form in which the process extends to the periurethral tissue and corpus cavernosum, and thus leads to stricture. The subepithelial connective tissue exhibits in this second form the most important changes and forms the site of the chronic inflammatory process proper.

This consists of an infiltration of the connective tissue, which has a decided tendency to transformation into retracting connective tissue. In the more recent cases we find that the subepithelial connective tissue contains a loose or dense infiltration,

*Read at the Fifty-first Annual Meeting of the Illinois State Medical Society, Peoria, May 21, 1901.

consisting of mononuclear or epitheloid cells, sometimes mixed with pus cells. This infiltration surrounds the lacunae and glands imbedded in the subepithelial tissue, hence it is also perilacunar and periglandular. It frequently contains many new formed blood vessels and has the appearance of granulations. As the infiltration grows older, the spindle cells become more abundant; the interfibrillary tissue becomes denser and firmer, and there finally results a tissue which resembles a cicatrix anatomically—the stricture.

Finger has found in his investigations that the glands of Littre are the cause of these most obstinate inflammations. The gonococcus invading the glands causes swelling and desquamation of the inner epithelial lining and immigration of leucocytes. This causes obstruction of the excretory duct, as the result of which the glands cannot evacuate their contents, become distended and irritate the adjacent connective tissue. This also becomes filled with round cells and results in the products of inflammatory infiltration; that is granulation and cicatrization. If we now succeed in getting rid of the cause of the whole process, that is, the obstruction of the ducts and the resulting retention of the glandular secretion before the round cells in the periglandular tissue have changed into fibrous tissue, there is a possibility of the cells becoming absorbed.

What follows from this in regard to treatment?

The only logical conclusion is to remove the plugs and restore the normal function of the glands. This can obviously be attained only by mechanical means, by stretching and dilating the mucous membrane so that the plugs may become loosened and immobilized and brought to the surface so as to be washed away by a stream of water. The dilatation answers also another purpose: that is to stretch the meshes of the adjacent connective tissue, to loosen the cellular infiltration contained in these meshes and to promote their absorption.

For this purpose sounds of a more or less large calibre, followed by irrigation, have been employed. The inefficiency of this method is obvious. When we perceive how quickly the meatus closes after the withdrawal of the sound, we must assume that the folds of the mucosa contract equally and that the urethra collapses before irrigation can be completed.

Another method which is now largely used in the treatment of chronic gonorrhoea is the dilation of the urethra by hydrostatic pressure—the employment of the so-called Janet irrigations. But it seems to me that the use of the Janet irrigation in chronic gonorrhoea is of a very doubtful value and its effect merely imaginary. I take exception to this method for the following reasons:

1st. The hydrostatic pressure is not strong enough to produce a sufficient dilatation—at least not in all cases. Very frequently it is not able even to overcome the resistance of the compressor urethrae, and if we tell the patient to relax the compressor by making the attempt to urinate, we may see the urine flowing into the reservoir instead the red permanganate solution flowing into the bladder. This resistance of the compressor may serve to bulge out the anterior urethra, but not in a sufficient manner, and in no case can simple irrigation dilate the posterior urethra.

2d. Comparing the amount of fluid which we can press into the urethra by a hand syringe, with that injected by hydrostatic pressure, we find that with the former it is about one-third greater than with the latter. I found on the average in the one case 10 to 12 c. c. and in the other 7 to 8 c. c.

3d. Measuring directly the dilatation of the pendulous urethra produced by a dilating instrument and comparing it with that caused by hydrostatic pressure, we find in the former method a considerable larger degree of dilatation.

4th. Making massage of the prostate and pendulous urethra after washing out the urethra once by hydrostatic pressure

and the second time by instrumental irrigation, and examining the urine passed immediately after, I could discover urethral threads in the first case, while there were none in the second.

These seemed to me sufficient reasons for the assertions that effective dilatation and flushing of the urethra is only possible by the employment of suitable instruments.

Lohnstein was the first to construct such an instrument which should combine a mechanism for dilatation with means for irrigation. His instrument is constructed on the principle of the Otis urethrometer. It consists of a straight catheter contained in a tubular shaft which is divided by four short spring staffs; by action of the regulating screw these staffs can be compressed and bent into spindle form, thus dilating the corresponding part of the urethra. This instrument was, however, not adopted by the profession for the reasons that the spindle is too short and not sufficient to dilate a larger portion of the urethra, and that it is furthermore impossible to bring the spindle into the posterior urethra; on account of the shortness of the instrument and its straight form.

Two years ago Kollmann constructed and published his instruments, the straight and the curved four-bladed dilating irrigators, which seem now to be largely in use. They consist of a central tubular shaft in which a double current catheter is incorporated and to which four blades are attached by means of cross bars. A screw mechanism moves the bars and lifts up the blades, dilating thus the urethra in four directions. But Kollmann's instruments have also many disadvantages:

1st. The complicated arrangement of the parts makes a free and sufficient flow impossible and renders therefore the principle of irrigation worthless.

2d. The instruments are of too large a caliber (27 charriere) and cannot be introduced in the majority of urethras.

3d. It has too many joints and edges, thereby its introduction is made difficult.

4th. It is too heavy (8 oz. and a half)

and may easily, by its pressure and the irregularity of its surface, cause injuries to the posterior urethra.

5th. It opens by joints and not by its own flexibility; therefore, in regulating the dilatation, the finger is unable to detect the degree of resistance. On account of this rigidity of the instrument, it is easy to induce an over dilatation.

6th. Their high price (about \$65.00 for both instruments.)

Having used Kollmann's instruments for some time, I was compelled for the reasons above mentioned to abandon their use. But recognizing the value of dilating irrigators, I have attempted to construct a new instrument which has, in my opinion, many advantages over Kollmann's.

It consists of three parts so arranged that when closed it is introduced as an ordinary sound. The main body is a tubular shaft or catheter, which has a groove on its convex surface. Inside this groove a bar is movable, which is united by means of small struts or levers, with a broad fenestrated blade, the latter having the same curvature as the catheter and being joined to it at the vesical end. A system of screws inside the handle moves both bar and blade downward, but the blade being joined at the end, and being moved by a screw of a larger diameter, is forced to bend outwards, thus separating from the catheter and dilating the urethra. The struts or cross-bars, which secure a parallel expansion, are fastened to the blade and hooked to the bar, having at this end a free play of about one m. m. enough to provide a certain degree of elasticity. A marker slides over the micrometer screw and shows on a double sided scale the amount of dilatation. On the lower part of the handle are two projecting hose-clips for the attachment of rubber tubes. A movable shield serves to close up a larger meatus.

The advantages of my instrument are:

1st. Its small caliber (22 charriere), therefore easy introduction in every urethra and easy withdrawal without complete closing of the instrument. This

obviates the danger of catching and mutilating the folds of the mucosa.

2d. A lighter weight (6 oz.)

3d. A sufficient in-and-out flow.

4th. An easy fixation in every part of the posterior urethra.

5th. A smooth surface, absence of joints, and only one groove, thus securing a better surgical sterilization.

6th. Only three edges; therefore more of the mucosa being washed by the running fluid.

7th. A certain degree of elasticity which is given to the instrument by the flexibility of the dilating blade and the free play of the lever ends; the finger regulating the screw feels the gradual increase in the resistance of the pressure, securing thus a safer and more careful dilatation.

8th. The use of the same instrument for both the posterior and anterior urethra, and

9th. Its reasonable price, which will probably not exceed \$18.00.

DISCUSSION.

Dr. Daniel N. Eisendrath, of Chicago: Mr. President. I wish to commend the use of this instrument, because it seems to me to have the two essential qualities in the treatment of chronic urethritis, particularly if we have to treat seminal vesiculitis, or prostatitis which remains, and posterior urethritis by appropriate urethral injections, etc. It has the great advantage, in that two treatments are combined in one instrument. I would be afraid of forcible dilatation, as it might be a dangerous instrument to use. One might break through the mucous membrane with it, giving rise to a peri-urethral abscess.

Dr. Charles J. Whalen, of Chicago: Having had a good deal of experience in treating cases of chronic urethritis, I am inclined to believe that nothing is accomplished by forcible dilatation. I have resorted to it, and I deem it inferior to other methods of treatment. For instance, the use of sounds, which the Doctor spoke of as being conducive of absorption of the infiltrated material, and the immediate injection of nitrate of silver in the necessary strength, which would be regulated by each individual case. Massage and injections of nitrate of silver are the only methods of treatment at the present time that are of any value whatever in cases of chronic urethritis, at least, in my hands. I have tried all other methods that have been instituted, but nothing but the stimulating treatment is of any value, so far as I know.

The method recommended by Dr. Fischkin

may have advantages over other methods, but I hardly think it has. The instrument which he has exhibited is an ingenious one, and we may be able to accomplish more with it than by the methods to which I have called attention.

Dr. Alexander Hugh Ferguson, of Chicago: This instrument will fill a place in the treatment of chronic urethritis, and I should like to try it on selected cases. My own method of treatment is to use the electric urethroscope, commence anteriorly and touch it with nitrate of silver every day, sometimes with a weak solution, or twice a week with a stronger solution, until we get the urethra in good condition from the end backwards toward the deep urethra. We can see what we are doing with the electric urethroscope. That has been my practice in these cases, and I have yet to see a case of urethritis, barring the prostatic variety, that I have not cured in that way. In cases of marked prostatic disease we may have to remove the prostate by perineal section.

Dr. Fischkin (closing the discussion). As to the objection raised by Dr. Eisendrath that we may produce a laceration of the urethra by forcible dilatation with this instrument, I will say that the instrument is not devised for forcible dilatations. Here as well as in every other surgical manipulation it is necessary to act with prudence and precaution. The subjective sensations of the patient and the feeling of resistance communicated by the screw to the fingers of the operator, an advantage of this instrument which I have pointed out in my paper—will always serve as a reliable indicator to prevent over-dilatation and laceration. I have never yet met with any unpleasant accidents. My instrument was also used by Dr. Baum and Dr. Louis Schmidt who authorize me to say that they have never noticed any hemorrhage after its use and that they endorse it.

With reference to the remarks of the gentleman who spoke of massage as the proper treatment of chronic urethritis, I will say that it is massage which the instrument produces, that is mechanical pressure on and stretching of the infiltrates peri-glandular tissue. The resorption of chronic infiltrations in the urethra as well as elsewhere can be accomplished by mechanical treatment only, but for the employment of massage to the urethra we need an instrument. Massage through the rectum, of which the doctor spoke, can be effective to a certain degree to the treatment of prostatitis, as we can reach the prostate by our finger, but the more distal portions of of the posterior urethra can be reached only by an intra-urethral instrument.

CURE FOR EPILEPSY.

A Prof. Geo. H. French of the State Normal school at Carbondale has announced again in the daily press his theory that epilepsy is caused by an intestinal parasite which he is preparing to exterminate. Prof. French is not a physician.

TRICHINOSIS.*

BY JOSEPH BRAYSHAW, M. D., BERLIN.

Definition: A disease caused by the entrance of the *trichina spiralis* into the muscular tissue of the body.

The Parasite: The *trichina spiralis* is a nematode worm and like all others of the nematodes, or round worms, (some twenty in number) is found exclusively as an animal parasite. The common characters possessed by all the nematodes, are slender, cylindrical and sometimes thread-like bodies no segments or appendages. The cuticle is thick and elastic. The mouth is found at one extremity and is sometimes provided with horny and some-times soft lips. The gut, together with the chyle stomach and pharynx extends through the entire body cavity, opening commonly a short distance from the usually awl shaped posterior extremity, males are smaller than the females.

The parasite which more particularly interests us to-day, the *trichina spiralis* is seen in two forms, viz: the intestinal and the muscular forms; it reaches sexual maturity as an intestinal parasite and at that time appears as a small white hair-like worm visible to the naked eye. The female is about 3. m. m. long and the male about one half to two-thirds as long. The head is pointed and the hinder part elongated in both sexes, but the hinder part is not awl shaped as in the majority of the nematodes. In the male the hinder part is provided with two conical terminal pegs on the dorsal half and directed toward the belly. They are separated from each other by four knob-like papillae, instead of a spiculum the muscular cloacum is protruded in copulation. The intestinal canal begins with a muscular mouth which has the appearance and also the properties of an intestine, and after an increase in calibre passes directly into the food canal, which is surrounded by a row of large cells,—cell bodies,—so-called. The

stomach is a continuation of the food canal and is simply a flask-shaped dilatation of the intestine covered with fine granular cells, and passing into the intestinal canal proper, with no material change in structure. In the male, the intestine joins the seminal canal to form a cloacum, while in the female it passes directly to the anal opening. The testicle is a blind pouch commencing near the posterior extremity and passing forward to the cell body and bending passes into the seminal duct, which as stated above, passes backward to help form the cloacum. The female has a single ovary, a uterus and vagina which opens outward about one fourth the length of the body from the head. The ovary, like the testicle, forms a pouch near the caudal extremity and in it develop the roundish eggs. It passes forward into the sack-shaped uterus. The eggs develop in the uterus into embryos, which, at birth are deposited in the lymph spaces, by the mother worm penetrating the intestinal villi and are supposed to be carried along by the lymph and blood streams to the muscles. They are now the muscle trichinae. The muscle trichina is a worm from 0.7 to 1.0 m. m. in length, is coiled up in a capsule, which after it remains a sufficiently long time (from a few months to one or two years) contains lime salts. Between the coils is a finely granular mass. Each capsule contains from one to five worms.

Distribution: Trichinae are found in all parts of the world so far as known, and have been found in all the carnivorous and omnivorous animals and may be introduced into the herbivora by feeding on material containing encapsulated worms.

The worms were first seen by Tiedenorr in 1822 and by Hilton in 1832, and was first found in the hog by Joseph Leidy, but was looked upon as a pathological curiosity until 1860 when Zerker discovered in a Swede girl who had symptoms of typhoid fever, both the intestinal and muscular forms of trichinae.

Mode of Infection: The encapsulated worms find their way into the stomach of

*Read at the Fifty-first Annual Meeting of the Illinois State Medical Society, Peoria, May 21, 1901.

man by his eating raw pork which contains them. The capsule is digested off and the trichinae liberated and in two and one-half days they reach sexual maturity and copulation takes place.

On the seventh day after eating the encapsulated trichinae the birth of the embryos begins and apparently continues for several weeks. A single female gives birth to over one thousand embryos. After being carried by the blood current to the muscles, they wander about in the interfibrillar tissue for some hours, then penetrate the primitive muscle fibres and cause an interstitial myositis and in about two weeks become full grown muscle trichinae and are encapsulated partly by a substance thrown out by themselves resembling chiton and partly by the muscles.

They develop no further in the muscles, but lie incapsulated sometimes for years, until taken into the stomach, when they again go through the same cycle of development.

Danger of Infection: The danger of infection depends entirely on the mode of preparing the meat. If it is thoroughly cooked the parasite is destroyed, but in large pieces of meat it frequently happens that a portion of it does not get raised to the boiling point. Hertwig has shown that a piece of meat as large as the thumb may be boiled for twenty two minutes without killing the parasites."

Frequency of Infection: While it is not as frequent in this country as in Germany, still since the attention of the medical profession was more particularly called to it in 1860 and especially in the last few years, since the diagnosis has become comparatively easy there has been a considerable number of cases reported, and evidently a considerable number overlooked, for dissecting room statistics show that from one-half to two per cent. of all bodies contain the parasites. (Osler.)

Pathology: In striped muscles the parasites enter the primitive muscle fibres and cause an interstitial myositis which is in no way characteristic. The muscles are at first pale and later cloudy. Near the

parasite the fibres undergo granular degeneration and fragmentation and sometimes hyalin degeneration. In a few days the worm rolls up and at the end of about two months becomes encapsulated. Calcification becomes complete in many in from one to two years, but may continue and the whole parasite undergo calcareous degeneration. The parasite is usually found more plentiful near the tendinous insertions of the muscles and may be present by the millions or only a few. There is some times catarrhal enteritis and swelling of the mesenteric glands. Fatty degeneration of the liver, heart and striped muscles sometimes occurs.

The blood shows a leucocytosis amounting to from 20,000 to 40,000 per c. m. m. with eosinophiles from 20% to 68% and a relative decrease of the neutrophiles and lymphocytes.

Symptoms: The first symptoms sometimes appear soon after eating the meat, and consist of nausea, vomiting and loss of appetite, colicky pains in the abdomen and sometimes diarrhoea and bloody stools, sometimes the condition goes on to collapse and death, but usually it is from seven to nine days before the symptoms appear, at which time the symptoms of migration commence, when there is muscular weakness and usually muscular pain, resembling rheumatism at first; it is increased by motion and pressure.

The muscles of mastication and respiration are more especially affected, but the other striped muscles do not escape. The muscles are swollen, tender and rigid sometimes causing contraction and contractures.

There is probably always edema of the face and sometimes of the extremities. Fever is usually present and may be remittent closely resembling typhoid, (for which a number of cases have been treated, one of my own among others), intermittent and irregular or continuous, but is usually high.

Complications and Sequellae: Bronchitis and pneumonia are common and important. Ascites, dropsy, hiccough, hem-

orrhages from the intestine, nose and genitals and abortion are occasionally seen.

Diagnosis: All authorities agree that the diagnosis is comparatively easy when a number of cases occur together but immediately follow with the statement, that in the first case of an out-break or in sporadic cases it may present great difficulty. Osler with his hospital experience of over twenty years says: "Until quite recently I have had no clinical experience with this disease, * * * the probability is of course that * * * I have frequently overlooked cases just as might have been done in three or four of the cases here reported, etc." This probability is increased when we remember that in the last five years he has reported five cases. It may be mistaken for muscular rheumatism, pneumonia, typhoid fever, other forms of myositis, malaria and in its early stages almost any of the acute infectious diseases and especially grippé.

The muscular pains, edema of the face and blood condition will serve to point the diagnostician in the right direction and an examination of a piece of muscle removed under local anesthesia, from the biceps, will confirm the diagnosis. Another important point in the diagnosis, is a history of having eaten raw meat, and if a piece of meat can be obtained and examined the diagnosis is fairly well established without examining the patients muscle.

Prognosis: The death rate in different out-breaks varies from two to thirty per cent. in the United States, 122 died out of 456. (Osler.)

Treatment: If it is known within twenty-four hours, that a person has eaten raw pork containing trichinae, the indications are to wash out the stomach.

Purgatives are indicated at any time during the disease, before the embryos are all born, as they will carry away the mature worms and prevent so many embryos finding their way into the lymph channels. During the stage of invasion, the indications are to keep up the strength, procure sleep and relieve pain. Owing to lack of time I have only been able to examine the

literature of sixteen cases reported during the last year, viz., five by Osler, nine by Blumer and Neuman and two by Gordinier. In all these cases the diagnosis was made by an examination of the blood and as far as I have been able to find, there has been no case reported in the last three years in which the diagnosis was made by other means. In eight of these cases the diagnosis was confirmed by finding the muscle trichinae. There have been four other cases reported in which the diagnosis was made by an examination of the blood, viz: One each by Cabot, Gwyn, Atkinson and Stump the literature of which failed to reach me in time. Of sixteen cases, all had a leucocytosis with increase of eosinophils and decrease of neutrophils, all but one had edema of the face or eyelids, in thirteen there was elevation of temperature, muscular tenderness and weakness, in ten muscular stiffness and rapid pulse, headache and profuse perspiration in nine, abdominal tenderness in eight, diarrhoea, edema of the extremities and rapid breathing in seven, palpable spleen, marked dyspnoea, thoracic pain heavily coated tongue and iliac gurgling in five, pain in bowels, constipation, vomiting, cough, bronchitis, friction sounds, rose spots and great thirst in four, albuminuria, anorexia, enlarged liver, dicrotic pulse, insomnia, subnormal temperature, distended abdomen and expectoration in three; photophobia, delirium, erythematous rash, diazo reaction, intermittent fever and nose bleed in two, and in one each of the following; urinary casts, pneumonia, pleurisy, pea soup stools, collapse, nausea, venous thrombus, colicky pains and widal reaction. An array of symptoms that might lead to a diagnosis of almost any condition known to medicine. Of the sixteen, five were diagnosed typhoid fever, two malaria, one pleurisy and two pneumonia, or at least such were the diseases suspected before the blood was examined. Of two cases in my own practice one was treated through the entire illness as typhoid fever, and certainly had the appearance of that disease, including abdominal tenderness, remittent

fever tympanites, borborigmus enlarged spleen, pea soup stools, rose spots, and diazo reaction. This was before the Widal reaction was recognized. The case was not suspected of being trichiniasis until the patient got up and around and convalescence was well established. The true nature of the disease was suggested by the patient asking if he might eat raw meat.

Putting the raw ham and a certain amount of muscular rigidity together, I decided that made trichiniasis and had the ham and also a piece of the patient's muscle examined and the trichinae found.

The other case was called rheumatism, by the family but I looked wise and said nothing for that was all I knew, but had a vague idea that it was just as likely to be anything else. In this case the parasites were found in a piece of rare boiled shoulder that was left over.

This patient had an intermittent fever, aching pains all over the body, edema of the face, muscular tenderness, and soreness and slight albuminuria. The blood was examined for malarial parasites but they were not found.

There was a large number of eosinophils but the per cent is not known as there was no blood count and their significance was not suspected, as my attention had not been called to the literature of the subject at that time. Neither of the cases is of interest from the standpoint of the scientist, but well illustrate the need of a better means of diagnosing this condition.

Neither of the cases was diagnosed until too late to do the patient any good (one the fourth week, the other the fourteenth day). It is my belief that we have that better means in the condition of the blood and my excuse for writing this paper (if excuse were needed) would be the hope of having this diagnostic point more generally recognized.

WANTED.

Copies of the Journal as follows: March, 1900; September, 1900; January, 1901. A liberal price will be paid for these Journals. Send to Editorial Office, Springfield.

RECTAL FISTULA.*

BY J. RAWSON PENNINGTON, M. D., CHICAGO.
Professor Rectal Diseases, Chicago, Policlinic.

A sinus is a fistulous tract extending from some former abscess cavity to the surface of the body. By the term "fistula" we mean a fistulous tract having two open extremities, one on the cutaneous surface of the body, and the other on some mucous or serous surface. A sinus and fistula, are alike in that both are the result of an abscess. They differ in that the former is sealed at one extremity while the latter is an open tube. The abscess may have been located either subcutaneously, submucously in the ischio-rectal fossa or in the superior pelvirectal space. A fistula is said to be complete or incomplete. The latter embraces the so-called blind internal and blind external varieties, which, in reality, are not fistulae, but sinuses. The fistula may also be subcutaneous, submucous or submuscular.

For convenience in more accurately locating and describing ano-rectal ailments, the perineal space should be sub-divided into quadrants. This may be done by two imaginary lines intersecting at right angles in the center of the anal aperture so as to divide this space into an anterior and posterior and two lateral quadrants. The two lateral quadrants are again sub-divided by another line extending from one tubercle to the other and intersecting the other lines at their point of section. This line has been termed the transverse anal line. (Goodsall.)

EXTERNAL OPENING.

In all cases of fistula in which there is more than one external opening it is of great importance to recognize the primary opening. If the fistula involves both ischio-rectal fossae it is also important to ascertain which side was primarily afflicted. The number of external openings depends, in a great measure, upon:

1. The size and location of the internal opening. When it is large, liquid

feces pass into it keeping up the suppuration.

2. The diverticulæ. They may become blocked and form new foci of suppuration which perforate the skin at other points.

3. The constitutional condition of the patient. In patients with lowered vitality there is less resistance in the tissues and the pus frequently burrows extensively and opens upon the skin in multiple places.

4. The duration of the fistula. The longer a fistula is permitted to remain untreated after once established, the greater is the danger of extensive burrowing with multiple abscesses followed by additional openings, thereby permitting a comparatively simple ailment to develop into an exceedingly formidable one.

Internal Opening. As a rule there is but one internal opening and this is usually located in either the posterior or anterior quadrant and in the last inch or two inches of the bowel. When a stricture is the primary cause of a fistula then the internal opening may be just above, just below or in the strictured zone. Should traumatism, an ulcer or the tearing off of a polypus be the primary cause of a fistula, then the internal opening may be situated at any part of the circumference of the rectum. When a second internal opening exists if it is on the same level as the other, they are usually the internal openings of separate fistulæ. Should it be on a higher level it is usually in the course of, or at the termination of a submucous fistula extending from the former opening.

Conformation of Fistula. Personal experience enables me to say that it is of the greatest importance to recognize the conformation of a fistula before attempting to treat it. Mr. Goodsall of London, who, perhaps, has given more thought to this subject than any other surgeon, explained to me his observations upon this subject. They were in substance as follows:

In the subcutaneous variety whether the external opening is anterior or posterior to the transverse anal line the direc-

tion taken by the tract is usually straight from the external opening towards the anal aperture. In the submuscular variety, he said the main tract may be situated either in or superficial to, the ischio-rectal fossa. When superficial to the ischio-rectal fossa, the tract takes a straight course towards the rectum from the external opening and passes through the external sphincter muscle. When situated in the ischio-rectal fossa, the main tract is curved when the external opening is posterior to the transverse anal line, and straight when anterior to it. When the external opening is posterior to the line, the internal is usually in the posterior quadrant between the internal and external sphincters. When the external opening is anterior to the line, the internal and external openings are in the same radial line. The main tract often making a sharp bend around the upper border of the external sphincter before entering the rectum.

Treatment. A number of methods have been advised for the treatment of rectal fistula. The one I usually employ, is that of incision. As a rule, I use a general anesthetic. In many cases, however, I employ and prefer a local to a general anesthetic. Not only in the treatment of fistula, but hemorrhoids, abscesses and many other rectal ailments. The manner of making the incision is all-important and is governed by the variety and conformation of the fistula to be operated upon. The mere passing of a grooved director through a fistulous tract and dividing the tissues over it, is very poor rectal surgery, and not to be commended. It is this practice that is accountable for much of the rectal incontinence and failures following the operation. When it becomes absolutely necessary to cut the fibers of the rectal sphincter, divide them at right angles regardless of the direction the tract takes beneath them. That class of submuscular fistula where the external opening is posterior to the transverse anal line, and the internal opening in the posterior quadrant, (the so-called posterior horse-shoe variety) is regarded as one of the

more formidable varieties with which the surgeon has to contend. Yet, if you master its conformation it is one of the most satisfactory varieties upon which to operate. In operating upon this fistula intelligently incise all tracts except the one entering the bowel. This one should receive a thorough curetting, crucial incision of its entire length and be irrigated with a 1-2000 or 3000 bichloride solution followed by normal salt solution. In dividing the external tracts the ano-coccygeal ligament is cut, which severs the posterior attachment of the external sphincter and levator ani. Cutting the posterior attachment of these muscles plus the dressings hold the walls of the curetted and irrigated tract in firm apposition and in the majority of instances union is established. Should union fail, a division of the external sphincter later would be very simple and reduce the liability to fecal incontinence.

The following cases serve to illustrate this method of operating:

Case 1. Mrs. H., referred to me December last by Dr. John Flood. She had a posterior-horse-shoe fistula involving both ischio-rectal fossae. The primary external opening was situated in the left lateral quadrant just posterior to the transverse anal line and about one inch from the anal aperture. The tract extended from this point around the bowel posteriorly between the internal and external sphincters; the condition was complicated with large internal hemorrhoids. I operated on her December last at the Passavant Memorial Hospital. All of the external tracts were incised. The one entering the bowel was curetted and a crucial incision made throughout its entire length, then irrigated with a 1 to 3000 bichloride solution as above stated.

The internal hemorrhoids were removed after the method I now employ. A rubber-covered tampon was introduced into the rectum and removed at the end of 48 hours. Patient made a rapid recovery with firm union of the tract entering the

bowel, which obviated the necessity of cutting the sphincter.

Case 2. Mr. D., referred to me April last by Dr. T. S. Crowe. In this patient the fistulous tract extended from the left anterior quadrant backwards to the ano-coccygeal ligament, here making a sharp curve and entering the bowel in the median line posteriorly above the internal sphincter. Extending upwards from this opening for about two inches was a submucous fistula. This case was also complicated with large internal hemorrhoids. I operated on him at my clinic at the Polyclinic Hospital, April 24th. Dr. D. H. Galloway administering the anesthetic, gas followed by ether. The tract extending around the left side was completely divided, the incision being extended so as to divide the ano-coccygeal ligament. The tract entering the bowel was treated as in Case 1, the submucous fistula was opened and thoroughly curetted. Hemorrhoids removed after the method I now employ; a rubber tampon introduced into the rectum and the incised wound packed with rubber dressing. Over this, gauze, cotton and a T bandage were applied. The dressings were removed at the end of 72 hours. Patient was up before the end of the first week, and left the hospital on the 11th day after the operation. Returned to my clinic on the 17th day; the tract entering the bowel was firmly united. I saw him again at the end of another week when he was well. Observe that in each of these cases the sphincter muscle was not cut notwithstanding, in each a fistulous tract entered the rectum. In one beneath the external sphincter, in the other beneath both sphincters. I have used this method of operating upon this variety of fistula for the past eight years, and could cite other cases with like results, but these will suffice. The advantages of the rubber dressings are, that the tender granulationsprouts are not disturbed by its removal nor is the adherent aperture of the fistulous tract broken open.

Should, for any reason, it be desirable to use the ligature method, pass a silk

ligature through the fistulous tract and out through the anus and to the united ends of this attach a short piece of elastic which may be fastened to the skin by means of adhesive plaster. The tension is easily governed by changing the location of the adhesive strip.

DISCUSSION.

Dr. R. A. Kerr, of Peoria: Mr. President. I do not know that I have anything in particular to say on this paper, except to commend the scholarly and very able effort of the essayist. Rectal fistula is a subject of great importance to the general practitioner as well as the surgeon. The every-day practitioner is now and then called on to operate for fistula in ano, and it is a subject that is not very clearly understood or thoroughly treated in our textbooks. I was much pleased with the paper, as a whole, and think we have all been benefited by it.

I would like to ask Dr. Pennington what form of local anesthetic he uses in these operations when he does not resort to general anesthesia?

Dr. Pennington, (closing the discussion): I have nothing to say except to refer to the local anesthetic. I use cocaine, sometimes in one strength, sometimes in another.

REPORT OF A CASE OF TYPHOID FEVER IN A SYPHILITIC FEMALE.

BY WM. H. MALEY, M. D., GALESBURG.

March 27, 1901. Cora P. aged 23 consulted me for severe headache. On examination, found slight elevation of temperature, offensive breath, bowels constipated and badly coated tongue. Suspected typhoid fever, prescribed accordingly, gave instructions to let me know if she did not improve.

April 11th, I was called to her home, which was an old filthy shanty in the slums of the city. My first endeavor was to have her taken to a hospital; in this I failed. Neither could I get an attendant other than her stepmother.

Temperature 104, pulse 105, almost unendurable headache, foul tongue, very offensive and characteristic pea-soup bowel movements. Abdomen distended, very tympanitic. A good crop of rose spots. Felt that there was scarcely a chance of

doubt in the diagnosis; however, there was still an important diagnostic agent—Widal's Reaction—When this proved the presence of typhoid bacilli, I pushed the typhoid fever treatment.

The fever ran an uneventful course, and temperature being normal during the day but reaching 99 and 99½ in the evening for about a week, when I was hurriedly summoned early in the morning of May 26th. On examination I found a complete right-side hemiplegia. The young lady had reached over the side of the bed for some medicine when, as her folks described it, she had a sort of fit, and fell back perfectly helpless.

Further examination revealed a pustular syphiloderm on the thighs and arms, and enormous condylomata involving the labia. The typhoid treatment had been discontinued a few days before, as the patient seemed to be convalescing.

Put the patient on potassium iodide in full doses and thorough mercurial inunctions.

May 29th, Dr. Bradley saw the case with me and it was decided, in addition to the 30 grains of potassium iodide which she was receiving every 3 hours, to give a little iodide of iron three times a day. Temperature was about normal, and patient was taking considerable nourishment.

June 2d, temperature reached 100, pulse 85.

June 3d, eight days after the stroke, the first evidence of hand grip returned.

June 5th, she could elevate elbow slightly.

June 12th, motion improving.

June 13th, temperature and pulse normal.

June 18th, temperature 101, pulse 102.

June 20th, made my last visit, and ordered the medicines continued.

July 2d, patient walked over half a mile to my office with but slight exhaustion. Ordered a reduction of the Potassium Iodide, and a discontinuance of the mercurial inunction.

So far she has apparently recovered.

Realizing the necessity of brevity, when

*Read at the Fifty-first Annual Meeting of the Illinois State Medical Society, Peoria, May 21, 1901.

there are so many papers to be read by men of vastly more experience and opportunity than myself, I have made no attempt to elaborate, but simply given a brief history of the case which, I think was somewhat out of the ordinary, and proved most interesting to me.

Could it possibly be a gumma, or what was the condition which so suddenly destroyed all the motor centres of one cerebral hemisphere? On investigation we find much stress placed upon the similarity of syphilitic and typhoid fevers in many cases of young females. It is an important warning especially to the young practitioner. Positive as I was, of the early diagnosis of typhoid had I not fortified it by Widal's test, I certainly later would have to believe that a mistake had been made and it was simply a case of syphilitic fever.

Discussion on the Paper of Dr. Maley.

Dr. Hugh T. Patrick, of Chicago: Mr. President. I will venture to make a tentative answer to the Doctor's question as to the condition of the brain in the case he reports. He asks whether it might possibly have been a gumma which caused the sudden hemiplegia accompanied with a fit. In all probability, it was not a gumma, because gumma is the least frequent of the forms of cerebral syphilis. The most frequent form is the syphilitic arteritis, so-called, that is, a thickening or infiltration of the arterial walls. Next in frequency to that comes a thickening of the meninges, which is called syphilitic meningitis. Least frequent, contrary to the popular belief of the profession, is gumma in such a form as ordinarily exists, something approximating a tumor. Histologically, the arteritis and meningitis are gummatous thickenings. Syphilitic arteritis will explain the cerebral condition that is, there was a thickened artery with implication of the internal coat which occasioned a thrombosis. In other words, occlusion of a branch of the Sylvian artery by a thrombus caused the hemiplegia.

ILLINOIS STATE MEDICAL SOCIETY.

Minutes of Proceedings of the Fifty-First Annual Meeting, Held at Peoria, May 21, 22 and 23, 1901.

THE PRESIDENT: We will now listen to the report of the committee on Necrology and Biography, John H. Hollister, of Chicago, chairman.

In the absence of Dr. Hollister, the report was read by O. B. Will, of Peoria, as follows:

Dr. O. B. Will, from the committee on Necrology, presented the following:

REPORT OF THE COMMITTEE ON NECROLOGY AND BIOGRAPHY.

Mr. President: In the absence of Dr. J. H. Hollister, who is now in California, I have been requested by him to act as chairman of the committee on Necrology, and therefore beg to report as follows:

Your committee have in the interval since our last annual meeting learned of the death during that time of the following named members of the society:

Dr. Truman W. Miller, of Chicago; Dr. Ephraim Ingals, of Chicago; Dr. W. W. Sharp, of New Douglas; Dr. J. T. Stewart, of Peoria.

In addition to these, your committee have been apprised, since coming to the present meeting, of the decease of Dr. W. K. Sloan, of Moline, Dr. Marie J. Mergler, of Chicago, and Dr. J. C. Hatheway, of Ottawa.

Of the former mentioned, biographical notices have been prepared and are herewith appended for publication in the society's journal. Of the latter, like notices will be made and placed in the hands of the editor in season to appear in the published transactions.

Respectfully submitted,

J. H. Hollister,
O. B. Will,
E. J. Brown.

TRUMAN W. MILLER, M. D.

Dr. Truman W. Miller, who died at his home in Chicago on May 31, 1900, was sixty years of age at the time of his death, having been born March 2, 1840. The facts connected with his life are so well and succinctly set forth by some of those who knew him best in an editorial in the June 2, 1900, number of the Journal of the American Medical Association that we take the liberty of reproducing it here, together with the resolutions passed by

the National Association at its subsequent meeting.

Dr. Truman W. Miller, was a graduate of Hobart College, Geneva, N. Y., and received his medical education at the College of Physicians and Surgeons of New York City. In 1862 he was appointed medical cadet, U. S. A., and was promoted to acting assistant-surgeon in 1863. In the same year he received his degree of M. D. from the Geneva Medical College. He served in the Army of the Potomac until after the Battle of the Wilderness, when he was transferred to Chicago and assigned to duty as post and examining surgeon, which position he held until the close of the war. In 1873 he was appointed assistant-surgeon, U. S. Marine-Hospital Service and in 1877 was promoted to surgeon, which position he held until his resignation in 1886. For six years he was surgeon of the 1st Regiment, Illinois National Guard, and was a member of the Grand Army of the Republic. During his very active life he served on the staffs of many of Chicago's prominent hospitals, and at the time of his death was president and professor of surgery of the Chicago Polyclinic; consulting surgeon to the St. Joseph, German, and Alexian Brothers' hospitals; surgeon to the Maurice Porter Childrens' hospital; surgeon-in-chief to many of the leading lines of railroads, and medical referee and consulting surgeon to a number of life and accident insurance companies.

He was an active member of all the leading national and local medical societies, and vice-president of the Board of Trustees of the American Medical Association. After the death of Dr. J. B. Hamilton, he personally conducted the affairs of the Journal of the Association until the appointment of the present editor.

Dr. Miller was eminently a man of action and was not given to writing. He was possessed of a pertinacity of purpose that knew not to fail, and whatever he undertook was carried out if it lay in human possibility. His executive ability

was extraordinary; questions were solved with rare judgment and apparently on the spur of the moment, yet when analyzed it was found that all possibilities had been carefully considered.

The Chicago Polyclinic had its origin with him, and to his exertions and wise management are due the sound financial and professional success which that institution enjoys.

He was its first and only president, and, up to the time of his death, possessed the absolute confidence of all his colleagues.

One of his noblest traits of character was his great kindness to the young man.

Many young men, both within and without the profession, owe their start and success in life to his kind advice, his wise counsel and his generous material aid, and the latter, when needed was never found wanting.

Nor was his generosity limited to young men, for many of the older ones who hold high professional positions owe much to his aid and influence. To his friends he was always true, to his enemies, just, and where he could not commend he never condemned.

He was of a jovial disposition, saw the bright side of life, and was a most enjoyable companion. As his honor was unimpeachable and his integrity of purpose never questioned, his influence was widely felt.

The Doctor was twice married. His second wife and one child survive him, and two married daughters by his first wife. His habits of life were plain and he was a man of the people. He died full of honor and the love of his fellow men, and his record is clear.

The following were the resolutions passed by the American Medical Association:

Whereas, On the eve of this annual meeting, Dr. Truman W. Miller, vice-president of the Board of Trustees, departed this life; and

Whereas, During his many years of membership, and office in this Association, Dr. Miller had by his force of character

his business ability and his untiring energy rendered valuable services to it; and

Whereas, During his long career in the practice of medicine, covering thirty-seven years, and reaching from the Civil War, in which he served as surgeon, until a few months ago, when he was stricken by his final illness, he had occupied a front rank in our profession, particularly as an educator and as a friend and counselor of younger members; and

Whereas, By his personal traits of character, his integrity, his good heartedness and his readiness to help and advise, he had endeared himself to all who knew him; therefore be it

Resolved, The American Medical Association deeply deplores his loss to the medical profession and to itself, and extends to his family its sincere sympathy and condolence.

EPHRAIM INGALS.

One of the kindest and gentlest of physicians and noblest of men was Dr. Ephraim Ingals, who died at his home in Chicago on the morning of December 17th, 1900. While an instructor in Rush Medical College he was known to the writer and others there as "the student's friend," and later, when advice and encouragement were badly needed it was he who was ready and willing to give it, and with such sincerity and hearty manner as to be most usefully impressive.

For many years the benignant face of Dr. Ingals was always seen at the meetings of the Illinois State Medical Society, and his counsel was of the greatest value in its deliberations. For the incidents of special interest in his life we are indebted to the pages of the Journal of the American Medical Association, from which we transcribe the following tribute and sketch: When Ephraim Ingals died, higher medical education lost one of its most steadfast advocates; the West a pioneer, and Chicago one of its best-known and best-beloved physicians. He was born at Abington, Conn., May 26,

1823, son of Captain Ephraim and Amasia Goodell Ingals. His ancestor, Edmund Ingals, came to America in 1628, and was the first settler of Lynn, Mass.

At the age of 14, young Ingals came to Illinois and lived with his brother in Lee County. He attended school at Princeton one winter, later was a student at Mount Morris Seminary, and then took a two years' course at Illinois College, Jacksonville.

He taught school two winters, working on the farm during the summers. He began the study of medicine at Rush Medical College in 1845, was a special student in Dr. Brainerd's office, and was graduated in 1847. After graduation, he settled in Lee Center, Lee County, Illinois, and started in practice with Dr. R. T. Adams. Here he remained, living the hard life of the frontier physician, practicing medicine, farming, buying and selling land for ten years, when he came to Chicago, where he afterwards made his home. Shortly after his return, he was made associate editor with Dr. Brainerd of the Northwestern Medical and Surgical Journal. In 1859 he was appointed professor of materia medica and medical jurisprudence in Rush Medical College and a member of its board of trustees, and these positions he held until 1871, when he resigned. He again accepted the position of trustee of the College in 1896, and was made emeritus professor of materia medica and medical jurisprudence. In 1897, when the College was about to be affiliated with the University of Chicago he made a donation of \$25,000 toward the liquidation of the debts of the College. He also endowed the Ingals professorship of therapeutics and preventive medicine. He was greatly interested in the advance of medical education and more particularly as regards the affiliation of medical colleges with universities, which he believed could make it possible for the college to accomplish much more than without that aid. He also gave \$10,000 in aid of the laboratories of the North-

western University Medical School. He was a member of the American Medical Association, of the Illinois State Medical Society, of which he once was president, and of the Chicago Medical Society, of which he was a life member and three times president. About ten years ago he gave up active practice.

Three years later he began to develop symptoms of weak heart. From that time he had no serious illness, although he was frequently ill and confined to the house for several weeks at a time.

He had had, however, at intervals, Cheyne-Stokes respiration for five years. On December 5th, he was attacked with what appeared to be influenza, attended by marked Cheyne-Stokes respiration. After a few days the symptoms of heart-weakness increased, and on December 9th, he had a severe attack of angina pectoris sine dolore, and seemed hardly able to live through the night. During the next three days he had three or four similar attacks a day which were checked by remedies in a short time. He then rallied for three or four days. He had a cough that was continuous, but not particularly troublesome, with slight fever.

On December 15th, he had a relapse and grew steadily worse, but had a fairly comfortable night, December 17th. The next morning his pulse was regular with slight rise in temperature and rapid respiration. At 9:20 he took some milk, and answered questions intelligently. Almost immediately the nurses noticed his pulse was weak, and in a few moments he died. He looked upon his life-work as done and depreciated any efforts made to prolong his life, feeling that he had earned the right to rest.

J. T. STEWART.

At the meeting of the Illinois State Medical Society in Springfield last year, one of the representative men of the old school on the toast-program was Dr. J. T. Stewart, of Peoria. He spoke on that occasion of the organization of the Society and its early history, and his acquaintance-

ship with the leaders of medical thought and action at that time, nearly all of whom had since passed away. He considered himself as yet young in comparison with Drs. Boal, Davis and Thompson, and expected to attend yet many future meetings.

But Dr. Stewart, too, has gone. He died at his home in Peoria on the evening of April 12, 1901, at the age of 77 years, succumbing to what was supposed to be an attack of la grippe, supervening on his already for many years enfeebled condition and weight of years.

Dr. Stewart was born in Greenville, Ill., and was a graduate of Knox College, Galesburg, and of the University of Pennsylvania, from which he took his medical degree in 1850. His preliminary medical studies were conducted in the office of the late Dr. Joseph C. Frye, of Peoria. He practiced medicine in that city from the date of his graduation to the time of his death, except during the period of his service in the United States army as surgeon during the civil war. During his army service he was badly wounded in the hip by a shell, the neck of the femur being crushed in, which lamed him for life.

Dr. Stewart was a man of extensive knowledge and high scientific attainments. He was one of the original members, and for many years president, of the Peoria Scientific Association. He took great delight in the study of botany especially, and left one of the finest collections of the flora of Central Illinois. He was also a prolific writer on subjects of current interest.

As a professional man he ranked high, and was for many years the leading surgeon in that city.

Dr. Stewart was all in all a man of sterling integrity, and his death is sincerely mourned by all who knew him outside as well as inside the ranks of the profession. He was a member of the Masonic order for half a century, and that fraternity had charge of the arrangements for his funeral.

Although for a long time enfeebled, Dr. Stewart's death was unexpected in its suddenness. He was confined to bed but two

or three days, and even a few hours before his death wrote several prescriptions for patrons who called at his house.

Dr. Stewart was a member of the Peoria City Medical Society almost from its organization, and the most constant attendant amongst the aged members. He was of social turn, and delighted in intercourse with his professional fellows and other friends. He was at the forefront in all questions of public as well as professional interest, and while his familiar face will be seen no more, his memory will remain green in the hearts of all who have had the pleasure of knowing him.

DR. WILLIAM W. SHARP.

Amongst those who were called away during the year 1900, was Dr. W. W. Sharp, of New Douglas, Ill.

Dr. Sharp was born in the town of Danville, Montgomery County, Missouri, November 21, 1841. There he spent his childhood and youth, and attended the High School in Montgomery City, graduating therefrom in 1860. He then removed to Dubuque, Iowa, where he taught school for one year, returning in 1862 to St. Louis, where he entered the St. Louis Medical College, taking his degree of M. D. therefrom in 1865. After graduating in medicine he settled in Worden, Ill., where he remained one year, thence to New Douglas, where he resided and practiced his profession up to the time of his death.

Dr. Sharp died December 20, 1900, at the age of fifty-nine years. Aside from his interests in the practice of medicine, Dr. Sharp was alive to other matters of public concern. He was for a time mayor of New Douglas, a member of the town Board, chairman of the Democratic County Convention, township collector, etc. He was a member of I. O. O. F., of his local lodge, and represented it in the State Convention. He was a member of the Bond County Medical Society and of the Illinois State Medical Society. In 1868 Dr. Sharp was married to Miss Sarah Watson, who died in two months thereafter. In May, 1869, the doctor was united in marriage

with Miss Lew Valentine, by whom he had two children, William B. and Mamie, only the latter of whom survives him. His second wife having died, Dr. Sharp again married in 1877, to Miss Belle Hall, by whom he had one child now deceased. Having been a third time left a widower, Dr. Sharp in 1885, married Miss Jennie Fitch, by whom he had one child, a daughter, who died a few years ago.

Dr. Sharp became a member of the M. E. Church South in 1870. The cause of his death was cardiac bronchial asthma.

DR. MARIE J. MERGLER.

Just on the eve of the State Society's annual meeting, came announcement of the death of one of its members prominently associated with the educational interests of the profession of the Northwest.

Dr. Marie J. Mergler, died in Los Angeles, California, whence she had gone for purposes of health and recreation.

Dr. Mergler was Dean of the Northwestern University Woman's Medical School, and well-known to the profession generally. In fact she ranked amongst the best physicians and surgeons of the country. She was one of the most highly esteemed women in the profession. Her medical education was obtained in the Woman's Medical School of Chicago, and in the University of Zurich. She had been connected with the Woman's Medical School of Chicago ever since her graduation. She was for many years one of the executive officers of the School, and in 1899 was elected its Dean, a position which she held at the time of her death. In 1895 she was elected head physician and surgeon to Mary Thompson Hospital, resigning two years later. She was attending surgeon of the Woman's Hospital of Chicago, and held a position on the staff of the Post-Graduate School, where she conducted a clinic in operative gynecology. For eight years prior to her death, Dr. Mergler occupied the chair of gynecology in the School of which she was the head. She was the first woman to pass the examination for an internship in Cook County Insane Asylum.

A few weeks before her death, Dr. Mergler was obliged to leave Chicago on account of ill-health, and went to Los Angeles, as before stated, where she died of pernicious anemia, May 8, 1901. She was a member of the Chicago Medical Society, Illinois State Medical Society, Mississippi Valley Medical Association, and the American Medical Association.

Dr. Mergler was about fifty years of age.

The names of Marie J. Mergler, of Chicago, and W. K. Sloan, of Moline, were announced as members who had died during the year.

DR. J. M. G. CARTER: I move that the report be adopted, referred to the Committee on Publication, and the names of other deceased members, if any, be added to the report. Seconded and carried.

DR. E. FLETCHER INGALS: I move that a committee of five be appointed by the First Vice-President to consider the recommendations contained in the President's address last evening, and report back to this Society before adjournment. Seconded and carried.

DR. J. W. PETTIT: I move that the honorarium of the Treasurer of this Society be \$150.00. By way of explanation, I want it understood that the duties of this office are purely clerical, but very laborious. The work is three times as much as it was heretofore. The present Treasurer has not asked for any honorarium, but it is only a matter of right that we should give it. Let it comport with the dignity of the Society. There is a vast amount of work done without compensation, but this is one of those matters where it seems to me that we can well afford to give our Treasurer an honorarium of not less than \$150.00. We have got the money. Seconded by several and carried.

DR. J. W. PETTIT: I move you, Mr. President, that \$25.00 be voted by this Society to the fund in honor of Virchow, and I will ask the President to repeat the substance of what he said last night in his address in regard to it as a basis for this appropriation. Seconded.

DR. E. FLETCHER INGALS: I move as

an amendment that this \$25.00 be raised by subscription. We have no right to divert money from the treasury for any such purpose whatever, except for the interests of the Society. I am sure, there will be no difficulty in raising money by subscription. It is wrong to appropriate money from the treasury for any purpose whatsoever outside of the interests of the Society. Seconded.

Dr. Pettit accepted the amendment, which was carried.

The Secretary and Treasurer then passed around baskets and within ten minutes raised \$84.37.

At this juncture, the Address of Section One was delivered by Dr. Frank Billings, of Chicago, who selected for his subject, "Some Uric Acid Fallacies."

A vote of thanks was extended to Dr. Billings for his able and interesting address.

Dr. Hugh T. Patrick, of Chicago, read a paper on "Imperative Conceptions."

Dr. R. C. Matheny, of Galesburg, read a paper entitled "The Functions of the Tonsils, with a few Suggestions Regarding the Differential Diagnosis of Tonsillar Affections."

The hour of adjournment having arrived and inasmuch as there were several papers, in Section One, that had not been read, it was moved that Section One, and Two in the afternoon hold sessions simultaneously, in different rooms. Carried.

On motion, the Society adjourned until 2 P. M.

NEW MEMBERS.

Babcock, H. S., Jamesburg, member of Vermilion County Society.

Kahn, Chas., Joliet, member of Will County Society.

McGuffin, W. R., Joliet, member of Will County Society.

Patterson, H. A., Joliet, member of Will County Society.

Rulien, P. G., Joliet, member of Will County Society.

Schuessler, H. G., Joliet, member of Will County Society.

NEW SUBSCRIBER.

Curtiss, C. R., Joliet.

The Illinois Medical Journal.

The Official Organ of the State Medical Society.

EDITOR—George N. Kreider, M. D., Springfield.

ASSOCIATE EDITORS—Members of the Publication Committee:

Pres. J. T. McAnally, M. D., Carbondale. Sec. E. W. Weis, M. D., Ottawa. Treas. E. J. Brown, M. D., Decatur.
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McDonough County—R. E. Lewis, M. D., Macomb.
Macoupin Co.—J. Palmer Matthews, M. D., Carlinville.

DISTRICT SOCIETIES.

Aesculapian—H. McKennan, M. D., Paris.
Brainerd District—Kath. Miller, M. D., (deceased.)
Central Illinois—C. R. Spicer, M. D., Taylorville.
Galva District—C. W. Hall, M. D., Kewanee.
Fox River Valley—H. J. Gahagan, M. D., Elgin.
Military Tract—C. B. Horrell, M. D., Galesburg.
North Central—Geo. A. Dicus, M. D., Streator.
Southern Illinois—O. B. Ormsby, M. D., Murphysboro.
Tri-County—Leroy Jones, M. D., Hoopeston.
Western Illinois—H. H. Chapin, M. D., Whitehall.

URBAN SOCIETIES, EX CHICAGO.

Decatur Medical—C. Martin Wood, M. D.
East St. Louis—W. S. Wiatt, M. D.
Jacksonville Physician's Club—D. W. Reed, M. D.
Peoria Medical—E. M. Eckard, M. D.

All communications should be addressed to the Editor, 522 Capitol Ave., Springfield, Illinois.

The Society does not assume responsibility for any statements or opinions published in the JOURNAL.

The JOURNAL is published monthly. The subscription price is \$3.00 per annum in advance. The JOURNAL is furnished free to the members of the Society.

Entered at the postoffice in Springfield as second class matter.

OCTOBER 1901.

OTHER STATE SOCIETIES—Massachusetts.

For a large, well regulated, dignified state organization of the medical profession we refer our readers to the commonwealth of Massachusetts. Before the tea leaves had all been washed from the harbor and two years before the treaty of peace with England had been signed our ancient brethren assembled in Boston in 1781 and proceeded to organize for the benefit of themselves and posterity. That the foundations were laid strong and deep is evidenced by the fact that "the statutes of the commonwealth enacted by the senate and house of representatives in general court assembled" one hundred and twenty years ago are, with a few amendments,

McLean County—F. C. Vandervort, M. D., Bloomington.
Montgomery County—J. M. Trigg, M. D., Farmersville.
Morgan County—Ed. Bowe, M. D., Jacksonville.
Ogle County—H. A. Mix, M. D., Oregon.
Pike County—R. H. Main, M. D., Barry.
Saline County—J. R. Baker, M. D., Harrisburg.
Sangamon County—B. B. Griffith, M. D., Springfield.
Schuyler County—A. W. Hall, M. D., Rushville.
Shelby County—A. G. Mizell, M. D., Shelbyville.
Stephenson County—R. J. Burns, M. D., Freeport.
St. Clair County—B. Portuondo, M. D., Belleville.
Union County—T. Lee Agnew, M. D., Anna.
Vermilion County—E. E. Clark, M. D., Danville.
Wabash County—J. B. Maxwell, M. D., Mt. Carmel.
Warren County—Adella R. Nichol, M. D., Monmouth.
White County—W. A. Steele, M. D., Carmi.
Will County—E. R. Larned, M. D., Joliet.
Williamson County—G. W. Evans, M. D., Marion.
Winnebago County—S. R. Catlin, M. D., Rockford.

CHICAGO SOCIETIES.

Academy of Medicine—J. G. Kiernan, M. D.
Electro-Medical—Richard H. Street, M. D.
Gynecological—C. S. Bacon, M. D.
Medical Society—F. X. Walls, M. D.
Medico Legal—N. S. Davis, Jr. M. D.
Neurological—C. H. Lodor, M. D.
Orthopedic—Edwin W. Ryerson, M. D.
Pathological—Geo. H. Weaver, M. D.
Physician's Club—L. H. Mettler, M. D.
Rhinological and Laryngological—J. E. Rhodes, M. D.
Society of Internal Medicine—Robt. B. Preble, M. D.
South—J. S. Davis, M. D.
Surgical—D. N. Eisendrath, M. D.
West—Gustavus M. Blech, M. D.

those under which the society is now transacting its business. Would that all our members could study the statutes and other publications issued by the society. For a full set of them we are indebted to the courtesy of the librarian, Edwin H. Brigham of Boston, who also writes concerning the spirit and ideas attending the formation of the society as follows:

How long we shall be able to go on in the old way is a problem, but as long as it can be done it promotes the best interests of the profession, solidarity and good fellowship. The annual gathering from all parts of the state brings friends and classmates together and thus keeps up a general interest. The society must have had for its model the town government system which obtains in Massachusetts where there is an annual meeting of voters to elect the select men and other town officers and make appropriations for the ensuing year. By this and special town meetings which can

be called at any time on petition of ten voters the town is governed. The humblest voter can question any action of the town officers, and any carelessness in administration, misuse of funds; possible corruption is promptly exposed the offender being compelled to explain then and there. This is pure democracy by the people and for the people and can be termed in grandiloquent phrase of the politician "the palladium of our liberties." I live in the town of Brookline wedged into Boston with 20,000 inhabitants, it is still a town and governed in this way. In spite of efforts of cliques and would-be political self-seekers it remains so, being admonished by corruption in Boston, and other cities.

The membership clause is as follows:

"No person shall become a member of the Massachusetts Medical Society except upon an examination by the censors of said society; and any person of good moral character found to possess the qualifications prescribed by the rules and regulations of the society, shall be admitted a fellow of said society."

The principal officers are the councillors and censors. The councillors of the State Society are chosen from the membership of the district societies in the proportion of one councillor to every twelve of its members and a majority fraction thereof. The councillors meet three times a year and practically control all the regular professional organizations in the state, since they;

"Divide the commonwealth into such portions or districts as they shall deem expedient and they may in like manner make alterations and subdivisions thereof. They shall duly establish within each such district a district medical society, to consist of all the fellows of the Massachusetts Medical Society residing in such districts and none others." "Each district society shall hold its annual meeting between the fifteenth day of April and the fifteenth day of May at which meeting there shall be elected a president who shall be ex-officio a vice-president of the Massachusetts Medical Society. * * * There shall also be elected the number of councillors to which such society may be entitled, and five censors. The censors shall have been fellows of the Massachusetts Medical Society for at least ten years and one of their number shall be also a councillor and be designated a supervisor. The secretary of each district society shall, at least fifteen days before the annual meeting of the councillors (the day preceding the annual meeting of the entire membership,) furnish the recording secretary of the state society the names and residences of the officers of such district society, and of the councillors and censors chosen at its annual meeting, together with the full names and residences of those who

have been admitted to fellowship during the year."

"The treasurer of each district society shall collect the assessments therein and shall report to the treasurer of the state society, all the assessments charged on his books stating whether paid or unpaid and transmit the balance of the amount collected, after deducting such reasonable expense as he may have incurred and five per cent for his services. In case a district treasurer shall neglect to make his return as herein provided he shall be liable to be proceeded against according to law for the whole amount of assessments charged against him on his list."

The censors have entire charge of the examination and admission of candidates for membership. They meet at least twice each year. They receive for this service the sum of three dollars for every candidate examined by them. This sum is paid from the treasury of the state society. If a censor fails to attend a meeting of which he has been notified he shall pay a fine of five dollars unless he presents a satisfactory excuse to those in attendance. The average attendance of councillors for the transaction of these important duties is about 85. The only legislative body having duties analogous to the councillors of the Massachusetts Medical Society is curiously enough, the senate of France in whose hands rests the election of the president and ministers of the republic. The society has its own code of ethics probably written long before the longer document of the A. M. A.

The annual meeting of the entire membership is held in Boston on the second Wednesday of June. The annual meeting of the councillors consumed exactly one hour and twenty minutes. The scientific labor was undertaken in two sections. Beginning at 2 P. M. seven papers were read before the medical section and six papers before the surgical section.

At 8 P. M. the Shattuck lecture, for which the orator receives a fee of \$200.00,

was delivered. Following the lecture a reception was given by the society to its officers. On Wednesday at 9:30 A. M. the society met for the exercises of the one hundred and twentieth anniversary. The number of admissions during the past year were 135. The total membership at this time was 2,579, or about 43 per cent of the total number of practitioners in the state. At this percentage Illinois would have 3,700 members in her state society. Seven papers were read during the morning, the treasurer's report was read showing that the receipts were \$22,733.24 and the disbursements \$11,807.31, leaving a balance of \$10,925.93. Besides this the society has \$36,494.65 invested in its permanent funds, making its total assets nearly \$50,000.00. The annual assessment is \$5.00. At 1:30 P. M. the annual dinner, for which the society paid nearly \$2,500.00 was served to nearly one thousand members. The society was in session about one and one-half days.

Even after this lengthy review we are obliged to omit many of the interesting and important items concerning the methods pursued in conducting this excellent society. We congratulate our colleagues and hope that our society will soon become as large and efficient.

MEDICAL LIBRARIES.

As a direct result of the agitation inaugurated by this Journal the new library buildings in process of construction in Springfield, Jacksonville and Decatur with funds contributed by Andrew Carnegie will be equipped with medical departments. The specifications for the Springfield building read.

"The capacity of the building shall be, * * * * * and other smaller rooms, which may be set aside for a

special scientific department, medical or otherwise, of a capacity for, from 5,000 to 10,000 volumes, as the prospective growth of the library may demand," and in another place "A smaller room, for medical and surgical library department—perhaps 20x24 feet in size with book cases suitable therefor."

In Decatur mention is made in the specifications of the medical room for the medical collection of books that the library now has, including the private library given by W. J. Chenoweth.

In Jacksonville accommodations will be provided for meetings of all scientific organizations and for the library of the Morgan County Medical Society which will soon be enriched by the valuable library of the late N. S. Read of Chandlerville.

SAVE THE SPACE.

That excellent publication the Cleveland Journal of Medicine has taken a departure in the use of titles in its columns which strikes us as being eminently proper and in very good taste. Without calling particular attention to it we have been endeavoring to eliminate "Dr." and "M. D." when speaking of members of the profession ever since the Journal was established. We now emphasize the desirability of such elimination. The official reporters would greatly assist if they would bear this in mind. We can use our limited space to much better advantage. We quote from the Cleveland Journal the following:

"NOTE: With few exceptions, all persons mentioned in these columns are physicians, holding the degree of 'Doctor of Medicine.' It is therefore deemed superfluous to prefix 'Dr.' or to suffix 'M. D.' after each name, and hereafter the

custom of giving only the name will be followed. In case of mention of persons not holding a medical degree that fact will be properly indicated."

IMPORTANT MEETING

On the occasion of the banquet and celebration in honor of N. S. Davis there will undoubtedly be a large gathering of the members of the State Medical Society in Chicago. I have therefore decided to call a meeting of the executive committee on Saturday, Oct. 5th at 1:30 P. M. at the Auditorium Hotel. During the afternoon at the same place there will be held a meeting of the committee on revision of the constitution the members of which are E. Fletcher Ingals, Robt. H. Babcock, Geo. W. Webster, E. E. Clark and C. B., Horrell; also of the committee on legislation; also of the judicial council at 3 P. M.

J. T. McAnally, President.

The Editor would be pleased to meet the official reporters of the Journal at 4:30 P. M., in the parlor on the 2d floor of the Auditorium Hotel.

A NEW FEATURE OF THE JOURNAL.

With this issue we inaugurate a new feature of the Journal by giving a list of all corporations licensed by the Secretary of the State of Illinois during the previous thirty days and having for their object the nursing of the sick, the founding of hospitals, the medical education of students, or the manufacture of medicines or surgical instruments. A surprising number of such corporations take out a license during each month. The honorable and ethical associations should be made known to the members of the profession to be supported and encouraged. The fraudulent associations should be made known to be condemned and suppressed.

HONOR TO N. S. DAVIS.

We are pleased to note that a committee of the Chicago Medical Society has organized a banquet and celebration in honor of Nathan Smith Davis, who is the oldest living president of that Society and also of the Illinois State Medical Society of which latter he was president in 1855, and secretary almost continuously from 1856 to 1880. We hope to see a large number of our members present on this occasion, Oct. 5, 1901.

News Items.

Northwestern University Medical School.

Dr. A. P. Ohlmacher has been appointed professor of pathology in the Northwestern University Medical School (Chicago Medical College). Dr. Ohlmacher has been connected with the pathological laboratory of the Ohio Hospital for Epileptics at Gallipolis, Ohio, and will for the time being continue the direction of that laboratory.

He is very favorably known through his contributions to pathology, particularly of late in reference to the morbid anatomy of epilepsy, and brings to his new position an immense experience in laboratory methods and the practical work of the pathologist. At the same time he has abundantly proven his ability as a teacher in previous professorial positions.

Partial list of official appointments of physicians by Governor Yates to the various state eleemosynary institutions.

Furnished by the Judicial Council.

BLIND INDUSTRIAL HOME—(No information.)

BLIND ASYLUM—George E. Baxter.

DEAF AND DUMB ASYLUM—(No information.)

FEEBLE MINDED ASYLUM, LINCOLN—Samuel H. McLean, J. R. Barnett, R. L. Frisbie.

CHESTER CRIMINAL INSANE—Arthur M. Lee, Supt., R. H. Mead, W. E. Songer.

ELGIN INSANE—F. S. Whitman, Supt., Phillip F. Gillett.

PEORIA INSANE—F. C. Winslow.

KANKAKEE INSANE—J. C. Corbus, Edward L. Birch, Omar A. Kell.

ANNA INSANE—R. F. Bennett, Supt., Miles D. Baker, 1st. Ass't., David R. Saunders, Supt. of Annex.

WATERTOWN INSANE—W. A. Taylor.

JACKSONVILLE INSANE—Joseph Robbins, L. H. Clampit, W. C. Cole.

PONTIAC REFORMATORY—A. B. Middleton.

SOLDIERS' AND SAILORS' ORPHANS HOME—Nelson K. McCormick.

STATE PENITENTIARY, JOLIET—Evert E. Tracy, Physician.

EYE AND EAR INFIRMARY, CHICAGO—Norval H. Pierce, Edward T. Dickerman, Charles H. Beard.

Correspondence.

PRIORITY OF ILLINOIS.

To the Editor: I notice in the issue of "American Medicine," of August 24th, under head of Editorial Comments, page 278, the statement that "Centralized control of State charitable institutions was first adopted by Wisconsin in 1881 and the plan has proved so successful that Minnesota has just adopted it, etc."

The fact is true enough but the priority is an error. The plan was first adopted in Illinois in 1869. The date can be well verified by a reference to the Illinois statutes. In a paper contributed to the Morgan County Medical Society, April 10, 1900, entitled "History of our—'Illinois'—Medical Laws, I recorded the fact in these words:

"The first act I find reference to in the transactions, or in the statutes that should be included in a history of our medical laws, is, 'an act to create a Board of Commissioners of Public Charities,' which went into effect April 9, 1869. This act

created a commission to superintend, in a systematic way, all the state charities, asylums and penal institutions."

This act was procured at the instance of Illinois State Medical Society, which, at a regular meeting, designated a temporary legislative committee for the purpose.

Perhaps the Wisconsin law, as referred to, is more rigid and comprehensive than ours, but to Illinois belongs the priority in taking the initiative in the matter.

"Noteworthy in this same paragraph as above quoted from, is the direction to encourage and urge the scientific investigation of the treatment of insanity and epilepsy by the medical staffs of the insane hospitals, and institutes for defectives."

This is as it should be, when the superintendent and members of medical staffs of the various institutions are chosen by their boards with reference to their ability to so investigate and report and we can be favored with a State Laboratory to make such investigations, we will have made commendable progress, and when all appropriate statistics are required to be gathered along these lines, and sanitary laws enacted on conclusions from this data Illinois will become the healthiest state in the union.

A. C. Corr.

False Assertion Regarding Napoleon's Autopsy.

To the Editor: The Gazette Medicale de Paris contains remarks from Dr. Baudouin asserting that the circular ulcer of the stomach found at the great emperor's autopsy was the sole cause of his death and that there was "no sign of cancer."

Napoleon died at St. Helena after a chronic disease of the stomach, marked by vomiting which increased up to the time of his death. There was also severe pain for many weeks in the region of the liver. He was faithfully attended by his personal physician, Dr. Francesco Antommarchi, assisted by frequent consultations with Dr. Arnott, an English naval surgeon on duty at the island. By direction of the emperor given before his death a post mortem examination was made in which Dr. Antommarchi made the incisions

ions, in the presence of five English army and navy surgeons, including Dr. Arnott, who were ordered by the governor general of the island to attend the examination and report the results.

The report of the five English surgeons, and a separate one made and published by Dr. Antommarchi contain all that is known on the subject of the autopsy. The two reports differ in minor details, but agree in the main fact that cancer and perforating ulcer were both present. A cancerous growth occupied the roof or lesser curvature of the stomach extending from the cardiac orifice to within one inch of the pylorus, and was "lobulated" along its anterior and posterior borders. The English report calls it "a mass of cancerous disease or scirrhous portion advancing to cancer." Dr. Antommarchi's report calls it a "cancerous ulceration." Near the pylorus the right extremity of the cancer had widened so as to completely encircle that part of the cavity like a ring making a stricture which must have caused the persistent vomiting. The small extremity of the stomach near the pylorus was free from cancer, but had on its upper surface a small circular ulcer whose perforation involved all the coats of the organ, but the adhesion of the adjacent organs prevented any free leakage from the stomach. However there must have been some escape of germs, for there were extensive adhesions of the lower surface of the liver to underlying organs, and of its superior surface to the diaphragm. There was no general peritonitis noted. The local peritonitis about the liver accounts for his many weeks of suffering from pain in that region.

The art of conducting autopsies was then in its infancy, and microscopic diagnosis of cancer was unknown, still the autopsy was fairly well executed considering the imperfection of knowledge in those days. I think these six surgeons were honest, and they agreed that there was both cancer and circular ulcer present. They might be mistaken but probably they

were correct, and their descriptions render absurd the statement in the *Gazette Medicale* that "no sign of cancer" was discovered.

In the *Journal of the American Medical Association* for December, 1895, I collected from the original sources all the principal facts of the "Diseases, Death and Autopsy of Napoleon." Those desiring fuller information are referred to that article.

After the death of the emperor Dr. Antommarchi emigrated to the city of Santiago in Cuba, where he engaged in ophthalmic practice and where his grave still exists.

Edmund Andrews, M. D.

An Appeal From Florida.

Jacksonville, Aug. 29, 1901.

To the Editor:

I regret my inability to comply with your request for a copy of our transactions, the recent fire having destroyed all of our records. The loss of our library is a very heavy one, as our first President H. S. Baldwin who died a few years ago donated his library to us and we can not replace it. I am now trying to write a report of our last meeting held last April from memory and newspaper reports, every record that I had of the meeting having been burnt. We had one hundred and sixty-six members last year and I think fully that number this year. Please mention the fact in your *Journal* that our State Association lost all its records and its library, and that any books sent to us will be gratefully received. E. N. Leill of this city is our librarian.

Very truly yours,

J. D. Fernandez, Secty.

Hospital Tangle at Elgin.

Elgin, Ill., Sept. 3, 1901.

Editor Ill. Med. Journal,

Dear Doctor: The controversy between the medical staff of Sherman Hospital and the Woman's Club, owners and managers of the same, has been a topic sensationally for some time; the Chicago

papers especially grossly exaggerating the true state of affairs.

The trouble is that the medical staff are shorn of any authority, being merely allowed to send patients to the institution.

The physicians have suggested to the Woman's Club some reforms, which we believe would be conducive to the welfare of the hospital. Conflict of authority between the superintendent and head nurse (both trained nurses) has been detrimental to discipline and the staff recommended that the superintendent be a lay person, and that the nursing, medical and surgical work be placed entirely in the hands of the head nurse and under control of the staff.

We requested further that nurses be not sent out of the hospital for private duty until the last six months of their (2 years) term, and also that the nurses be given a graded course of instruction under the charge and direction of the staff.

After several meetings, the Woman's Club decided that the changes asked for would be contrary to their rules, and these could not be changed until their next annual meeting, almost a year hence. The time taken up in consideration of this subject gave the "staff correspondent" a splendid opportunity to learn from "reliable sources" a great many things which proved otherwise.

I feel that the Woman's Club will grant the request of the staff, and that the efforts of the latter will prove beneficial to the hospital.

A very thrilling accident, and one which miraculously did little damage, took place a few weeks ago in the Sherman Hospital operating room.

During a thunder storm, lightning struck the roof precipitating large pieces of slate which struck the skylight of the operating room, crushing the $\frac{1}{4}$ -inch glass, and came crashing through accompanied by torrents of rain. There was a laparotomy being conducted by Dr. Pelton, who luckily had taken the last stitch a few moments before, or the abdominal contents would have been deluged with water and glass.

Drs. Clark and Schmidt both received several gashes from the flying glass; two large rectangular pieces of glass fell on the patient's abdomen, fortunately upon the flat side instead of the cutting edge of the glass, one large piece, however, penetrating the water cushion of the operating table.

Other than the slight wounds of the physicians and the "ducking" in which nurses and all shared alike, there was no serious result.

H. J. Gahagan.

Local Societies.

The Military Tract Medical Society will hold its next meeting at Macomb, Oct. 17 and 18.

Chas. B. Horrell, Official Reporter.

The Calhoun County Medical Society will meet Oct. 14, 1901. U. G. Auer, a recent graduate of University of Michigan, has located in Batchtown for the practice of his profession. J. R. Vaughn, has returned from Missouri with his family to Hamburg to practice his profession.

T. O. Hardesty,
Official Reporter.

The Morgan County Medical Society has been enriched by the gift of the medical library of Harvey W. Milligan. Newton S. Read, of Chandlerville, a charter member of the Society and an old member of the State Society, died Aug. 11, 1901, in his 82d year. Born in Ohio and graduated at Cleveland in 1844, he located in Illinois in 1852. Here he remained for nearly half a century laboring so unselfishly that outside of his scientific books and instruments, and a good name he left little estate.

The Montgomery County Medical Society will hold its annual meeting, Tuesday, Oct. 1, at the Court House in Hillsboro, at 1:30 P. M. The following program will be given:

T. J. Whitten, Nokomis—"Clean Surgery."
J. C. Wilson, Donnellson—"Alkaloidal Medication."
J. M. Hoyt, Fillmore—"Epidemics."
P. M. Kelley, Litchfield—"Obstetrics."
M. W. Snell, Litchfield—"New Remedies."
J. D. Lyons, Farmersville—"Subject Not Announced."

Jos. M. Trigg, Official Reporter.

The Medical and Surgical Society of Western Illinois met at the court house in Jerseyville Aug. 2, 1901, at 2 P. M. Called to order by Vice-President G. W. Ross. Members present. Drs. A. C. Corr, E. St. Louis; L. H. Corr, Carlinville; J. Tidball, Grafton; G. W.

Ross, Carrollton; J. W. Adams, Walkerville; E. G. Proctor, Kane; J. S. Williams, E. S. H. Barry, A. K. VanHorne and H. R. Gledhill, Jerseyville. Visitors, Dr. Smith, Godfrey, and Dr. Waggoner of Jerseyville who made application for membership.

Drs. Corr, Tidball and Williams appointed board of censors who reported that Carrollton be next place of meeting Oct. 4, 1901, with Drs. Norbury, Thomas and Barry essayists. Dr. A. C. Corr, East St. Louis read a paper on **accidental wounds of the cornea**. Dr. H. R. Gledhill, Jerseyville, also read a paper on **Nephritis**. The papers were then ably discussed by all members present after which adjournment was taken until next regular meeting.

A. K. VanHorne,
Sec'y. pro tem.

Ogle County Medical Society.

Members—G. M. McKenney, president, Oregon; H. A. Mix, secretary, Oregon; L. S. Hall, treasurer, Oregon; W. W. Barnes, vice-president, Polo; G. S. Balsbough, Forreston; W. Carlton, Rochelle; John D. Covell, Forreston; Josiah T. Kretsinger, Leaf River; Geo. B. McCosh, Mt. Morris; A. L. Mendenhall, Kings; James Pankhurst, Grand Detour; Albert J. Woodcock, Byron; J. F. Vanvoorhis, Creston; L. C. Normell, Oregon; J. B. Snyder, Polo; A. F. Cummings, Rockford; E. P. Allen, DeKalb; W. T. Speaker, Mt. Morris; T. Harvey, Stillman Valley.

At the July meeting an essay on the **treatment of tuberculosis** was read by T. Harvey of Stillman Valley. The following subjects were also discussed:

Disappointment and failure of antitoxin in the treatment of diphtheria; treatment of lithemia; treatment of pneumonia; treatment of typhoid fever; preventive medicine; germ theory versus common sense.

The next meeting will be held Tuesday, January 7, 1902.

H. A. Mix, Official Reporter.

The Fox River Valley Medical Association held its seventy-second semi-annual meeting at "The Spurling," Elgin, Illinois, May 28, 1901, thirty-five members being present. The following papers were read:

"Disinfection"—Dr. James Selkirk, Aurora.
"Phrenic Nerve Injury," with report of cases, Dr. W. E. Schroeder, Chicago.

Both papers were well received. Dr. Schroeder has demonstrated that the phrenic nerve can be severed with but slight after effects, exhibiting charts showing respiratory phenomena in severance of nerve in a case of removal of tumor of the neck.

Dr. Selkirk dwelt at length upon the modern methods of disinfection, extolling the virtues of formaldehyd.

The Society, in accordance with the action of the Illinois Medical Society, appointed a committee to take action upon the advisability of **admitting members from all schools of medicine, who did not profess and "isms" or "pathies."**

The post-prandial program was an enjoya-

ble one. The doctors, their wives, friends and invited guests, to the number of fifty, sat down to a sumptuous layout.

The seventy-third semi-annual meeting of the Society will take place at Aurora in November next, at which time the officers are elected.

H. J. Gahagan,
Official Reporter.

The Decatur Medical Society met in regular session Thursday evening, Aug. 22d, with President William C. Wood in the chair. The board of censors reported favorably upon the names of F. J. Dudley of Cerro Gordo, Sylvester Wilhelmy of Harristown, J. H. Burke and M. T. Heffernan of Decatur. On motion they were admitted to the society.

H. C. Jones presented two cases of **exophthalmic goiter** in men. Each case presented the symptoms of enlarged thyroid exophthalmus, tremor and rapid pulse and were very instructive to the members of the society. In the discussion which followed iron, digitalis and potassium iodide were recommended in the line of treatment.

M. P. Parrish presented a case of **brain tumor** in a man 43 years old. The most prominent symptom was constant frontal headache extending over a period of six months. Large doses of potassium iodide were given for a period of six weeks without effect.

The case of leukemia which was to have been presented by W. P. Davidson of La Place, was unable to be present and was postponed.

Will C. Wood exhibited two pathological specimens, one a **carcinoma of the uterus**, the other a **multilocular cystoma of the ovary**. W. A. Melton, Lynn Barnes and Geo. W. Walker were appointed to prepare a program for the next meeting. Adjourned.

C. Martin Wood, Official Reporter.

The Chicago Electro-Medical Society met pursuant to a call, issued for the purpose of forming a society for the advancement of scientific electricity as a medical agent, a number of the doctors of the city, among whom we mention S. V. Clevenger, G. G. Burdick, Emil H. Grubbe, A. W. Baer, H. P. Pratt and Richard H. Street, did convene on Tuesday evening, June 25, 1901, at 8:30 o'clock, in the office of the Illinois School of Electro-Therapeutics, 1302 Champlain Building, Chicago, Ill.

The meeting was called to order by S. V. Clevenger. On motion Richard H. Street was appointed secretary of the meeting. On motion the chairman appointed the following committee—Drs. Burdick, Baer and Pratt—to formulate a plan of action. On motion the following officers were elected to act until the annual meeting:

S. V. Clevenger, president.
J. E. Farnum, first vice-president.
J. E. Gilman, second vice-president.
G. G. Burdick, treasurer.
Richard H. Street, secretary.

The date for the annual meeting was fixed for Tuesday, December 3, 1901. Moved that the first regular meeting of the Chicago Electro-Medical Society be held Tuesday, July 30, at

8 o'clock at the Palmer House. Moved that Dr. Clevenger be requested to read a paper at that meeting. Dr. Clevenger accepted and promised the society a paper on Electro-Diagnosis. On motion the meeting adjourned.

Richard H. Street, Official Reporter.

The Chicago Electro-Medical Society met Tuesday, July 30, in the balcony clubroom of the Palmer House, the president in the chair. Meeting called to order at 8:20 P. M.

At the request of the chair, the secretary read correspondence from the State Board of Health and Illinois Medical Journal in relation to the society, its workings and members. Moved that all following business be postponed until after the reading of the paper of the evening. Motion lost. The president requested those who were interested in the society and wishing to join to please give their names to the secretary. In response to this request a number came forward and their names were placed on file to be voted upon at a later meeting.

A paper entitled "Electro-Diagnosis" was read by President Clevenger, and its great merit, with its excellence of delivery, was thoroughly appreciated by the society.

The paper was ably discussed by Drs. Burdick, Pratt, Lewis and Prof. Treadwell.

Committee reports requested by the chair. The chairman of the executive committee requested more time, as, owing to the extreme heat, the committee had been unable to meet.

Dr. Pratt called attention to a meeting in Buffalo next month of the Roentgen Society of America, whose business would be the discussion of the X-ray in therapeutics, and suggested that it would be advantageous to our society to appoint a committee to attend the Buffalo convention, as its conclusions would be of great interest to us in our work.

He also called attention to a paper from Dr. S. H. Monell in respect to X-ray nomenclature, and it was moved and carried that the next meeting be set aside for the discussion of X-ray nomenclature as indicated by Dr. Monell.

Prof. Treadwell suggested that articles printed in our official organ should be considered subjects for discussion at the following meeting. Approved by the chair.

Moved and carried that a vote of thanks be extended to Dr. Baer and Mr. R. Friedlander, publisher of our official organ, for the work they had done in behalf of the society preparatory to this meeting. Adjourned to Tuesday evening, Aug. 27.

Richard H. Street,
Official Reporter.

Electro Diagnosis.

(A paper read by Dr. S. V. Clevenger before the Chicago Electro-Medical Society.)

In the early beginnings of electro-therapeutics there was not much system, but each for himself settled upon some points that he had discovered in his use of electric agencies, without diagnosis, much less a system in practice.

Often about all they knew was that if the application of one current did not affect the

patient favorably, they must try the other; but gradually there came to be a system. We know now that in electro-diagnosis there are certain points—I may call them nerve centers—governing the different parts of the body, and these nerve centers may be marked out upon the body as a map to serve as guides in the diagnosis of disease.

But at the same time we must remember that all these centers, with their network of nerves, are intimately connected, and their action becomes involved, so that care must be taken to distinguish the real from the involved parts, but by careful observation we are now able to locate with considerable accuracy diseases; and especially such as are of a nervous character, and treat them by electricity with success. In diagnosing a patient who comes to you with hysterical headache, caused by nervousness, such a patient can be cured of this hysterical headache by giving an electric treatment almost immediately.

For certain cases, such as diagnosing diseases of the spine and several cases which I could mention, we have no trouble in locating the difficulty, and these can be cured with electric treatment the same as in hysterical diseases, but I do not say that it will cure all diseases. Yet in the lines indicated we may depend upon it with confidence, though we have found that in diagnosis and therapeutic practice we have use for both the static and the galvanic currents as we would make diagnosis in cases where paralysis is indicated; for while you may not be able to get a response to the current from the static machine, you may get it from the galvanic, and vice versa. We need also to know the points or centers of nervous action, of which I have spoken, of the different parts of the body; and also we must always take into consideration what I call the personal equation, as no two persons are ever to be considered as alike in their electrical polarization. But if we do notice these centers, of which I have spoken, we can detect whether the case is real or one of shamming, as is sometimes attempted in a suit for damages.

In diagnosing a sickness the X-ray is not generally used, but as a rule in locating the position of an internal disease, as, for instance, tumors or any inward growth. If you have a patient who has had an injury caused by an accident, by using the static machine you will be able to locate the exact point of injury.

Speaking of the lack of system in the earlier practice of electro-therapeutics, I would say that the importance of systemizing was soon recognized by our profession, and especially in Germany, and to them are we indebted for the foundations of a scientifically expressed electro-diagnosis.

Before 1889 the German symbols to denote physiological reactions in electrical examination were those mainly in use by writers on that subject.

The anode or positive pole was written An, the kathode or negative pole was designated by Ko. Oeffnung or opening of the circuit

was O. Schliessung or closing was S. A weak contraction Zuckung was Z, Starke Zuckung or strayer and sehr starke Zuckung or tetanic contractions were indicated by primes, seconds and thirds appended to the Z'Z" and Z". Or Te was substituted for the latter.

Ko S. Te would mean that the cathodal closing induced tetanic contraction, and O. Z. that the anodal opening caused a feeble contraction.

The English substituted C. for closing, O. for opening, C. for cathode and A for anode, also using C. for contraction, the normal reaction occurring in this definite order: (1) CCC, (2) ACC, (3) AOC, (4) COC.

But both the German system of Erb and the English of De Watterville were originated before the absolute galvanometer came into use, the addition of cells one at a time affording the increased current; but in recognition of the varying amperage resulting from the same number of cells at different instants, the reactions were crudely described as weak, strong, still stronger and very strong.

In reviewing the subject of electro-diagnosis in spinal concussion, published in 1899, I suggested a condensed and practical symbolization in a chapter entitled "Electro-Diagnosis," based upon the practicability of measuring the reactions in figures of milliamperes degrees, an infinitely more accurate system than one using such indefinite terms as weak, strong, etc.

The simplified notation drops the C from contraction as understood, the following being the normal reactions:

- (1) CC3, Cathodal closing three milliamperes.
- (2) AC6, Anodal closing six milliamperes.
- (3) AO8, Anodal opening eight milliamperes.
- (4) CO15, Cathodal opening fifteen milliamperes.

Each one of the above amounts of current sufficing to cause the same flicker of a muscle in the test, an increase of milliamperage would increase the reaction proportionately. In electro-diagnosis the main search is for the smallest amount of current that will induce response, and when this can be stated precisely by figures the advantages over the older methods can be seen at once. Any departure from the normal, such as CCC and AC3, as in the reaction of degeneration, also being capable of precise recording, which is impossible under the older methods of notation.

The above address was discussed by Dr. G. G. Burdick as follows:

Dr. Clevenger deserves credit for his paper on "Electro-Diagnosis," and his address can only be discussed to commend his work. He has completely covered all that is known on the subject. The method originated in Germany, and as usual comes to us with considerable unnecessary packing, which makes the subject very hard to be understood by a beginner; but slow, painstaking work will eventually do away with the useless parts, and true value of the method will assert itself.

A few years ago, when I was more enthusiastic in regard to this method of diagnosis, I had occasion to maintain my position in court. It took two days, with the help of two lawyers and three doctors, to convince the jury that electro-diagnosis was something that would not bite, and even with all their able help the result was questionable, as a verdict of \$35,000 was returned, which was reversed in the upper court. I still think that this is a better method of arriving at a conclusion in a medico-legal case, and will save a good deal of unnecessary waste of "gray matter" trying to convince a jury. Generally a plain statement of facts will carry more weight with a jury than all the more elaborate theories ever devised.

The Adams County Medical Society convened in regular monthly session, Monday, Aug. 12th at its regular place of meeting. President Landon being absent, First Vice-President Williams presided; Secretary Hart being absent, C. D. Center was selected secretary pro tem. The minutes of the July meeting were read and approved.

The resignation of Joseph Robbins as a member of the board of censors was read and accepted. This action on the part of Dr. Robbins was taken on account of his enforced absence from the city, he now being medical superintendent of the hospital for the insane at Jacksonville. John A. Koch was elected to fill the vacancy. O. F. Wellenreiter was elected to membership after a favorable report by censors. J. A. Koch gave a clinical report of a congenital sarcoma.

Patient age 15 months, enlargement in hepatic region first noticed June 16, 1901, but the fact was elicited that the child was born with an unusually large abdomen; child appeared well nourished, slightly anaemic up to June 16th, playful when submitted for treatment, abdomen measured twenty-five inches in circumference, veins enlarged and a pointed tumor, immediately below right ribs, apparently no pain except on manipulation, no ascites demonstrable, but abdomen very tense, oedema of lower limbs, family history negative, mother had had two miscarriages and while pregnant with this child had been badly frightened by the burning of their residence. About July 10th child began to emaciate rapidly and on the 17th of same month a metastatic condition was noticed in distal end of right femur, bowels normal, urinated regularly but was unable to obtain a specimen. Child died Aug. 1, 1901; *post mortem* revealed enlarged liver adherent to abdominal wall and intestines, a nodule four inches in diameter in right lobe of liver. Gall bladder normal in size, but degeneration had begun at mouth and it was adherent in its entire length of the right lobe. Left kidney normal but the right was about 8x4 inches and in process of calcareous degeneration. The spleen was three times its normal size. The pancreas, stomach and intestines were one adherent mass. The case was considered inoperable. The treatment symptomatic. Histological examination revealed

tissue made up of more or less irregularly arranged cells, small and spindle shaped. Diagnosis spindle cell sarcoma.

Dr. Nickerson reported a case of **incordination due to unequal vision**. Patient female age 17 appeared perfectly healthy, but in walking was apt to run into obstacles which she tried to avoid, she also had occasional fainting spells.

Members present, Williams. Koch, Center, Gilliland, Fletcher, Germann, Rice, Justice, Baker, Riticker, Vasen, Nickerson, Christie and Ashton.

Henry Hart,
Official Reporter.

The McLean County Medical Society was called to order Sept. 5, 1901, by the President, C. E. Chapin. The minutes of the last meeting were read and approved. The following bills were then read and allowed and orders drawn on the treasurer for the same.

Shreve & Co., Printers—Printing fee bill and constitution, and cards for last meeting.....	\$23 35
Shreve & Co., cards for this meeting.....	1 25
Pantagraph, printing notice.....	50
Bulletin, printing notice.....	50

W. E. Guthrie presented an interesting case of hysterectomy, removal of the uterus and its appendages *en masse*, by the abdominal route by dissecting through Douglas *cul de sac* and drawing the cervix up and then peeling it out from *os* upward, but from above. Specimen shown. He also reported a case of **cancer of jaw** and one of **movable kidney** in a man. In this case he stitched the kidney to the 12th rib.

Thos. W. Bath of Bloomington then gave an interesting talk on the **Phillipine Islands**, its inhabitants and its diseases and climate. The diseases existing there are malarial fevers of all kinds and of the most persistent forms. Not to be rid of without leaving the islands. Quinine is the main reliance here as everywhere else. Smallpox very prevalent. Vaccination very rare. It costs five dollars in gold to be vaccinated. Dhobi itch was also prevalent. It is a skin disease from a germ that comes from surface of water.

It rains about four months in the year and the doctor said he had seen it rain (no pour down) continuously, without a moments cessation during the 24 hours, for two weeks. He spoke of the impossibility of wearing woolen clothes. They become covered with mould in 24 hours. Hence it is necessary to wear linen or wash goods and have them starched often. The doctor spent two years in the islands and thinks it will be a great country.

Members present: Drs. Steel, Mullen, Sargent of Leroy, Douglas of Colfax, Taylor of Bloomington, C. K. M. Taylor of LeRoy, Jackman, Beadles, J. W. Smith, G. D. Elder, Horace Elder, White, Hill, Guthrie, Chapin, Noble, Bath, Welch, Jordan, Vandervort and Supt. Stableton of the Bloomington schools. A. C. Albright of Sibley, Ill., applied for membership. The name was referred to the Board of Censors.

F. C. Vandervort,
Official Reporter.

Chicago Academy of Medicine. At the September 13th meeting W. K. Sudduth was elected chairman. J. G. Kiernan read a paper on **Forensic Aspect of the Eye Symptoms of Locomotor Ataxia**. The case cited was that of the driver of a mail wagon who had served as a soldier during the civil war and had died of tuberculosis ere the case in litigation came to issue. His mail wagon had been struck by a car of the Chicago Union Traction Company and he was thrown from the seat. Fourteen days after this accident a diagnosis was made of locomotor ataxia chargeable to traumatism from an alleged condition of the pupils of which no clear description was given in the testimony. The diagnostician (a member of the family) had observed the pupils under very disadvantageous conditions. He seemed to have some idea as far as could be gathered from his testimony that there was reflex iridoplegia of the Argyll-Robertson pupil. That type of reflex iridoplegia is associated with preserved accommodative mobility where the pupil is as immovable as a frozen opening, no matter how brightly illuminated or how deeply shaded but contracts when the finger is approached to the nose. In response to a hypothetical case based on these facts Dr. Kiernan testified that in his judgment locomotor ataxia due to the traumatism did not exist and that diagnosis from the eye symptoms alone was not justifiable. Had locomotor ataxia existed there must have been symptoms of its presence before the alleged accident and it might even from the destruction of coordination have contributed thereto. The Argyll-Robertson pupil had been temporarily noted after railroad accidents and other shocks in cases in which no subsequent evidence of grave neuroses had occurred. In such cases it disappeared. Exceptionally it had been found in alcoholism. It occurred early in locomotor ataxia and not only in paretic dementia as well but even in constitutional syphilis. Some French and German syphilographers had claimed that it was a diagnostic mark of this last condition. However cases of constitutional syphilis occur quite frequently in which it is absent.

Casey A. Wood while agreeing in the main with Dr. Kiernan was of opinion that the diagnosis of the Argyll-Robertson pupil was made with too little care by forensic physicians, general practitioners, and neurologists. Greater caution should be exercised in cases like the one cited where the diagnosis of a great neurosis was involved especially when such diagnosis raised a forensic question.

W. L. Baum, was of opinion that the frequency of the Argyll-Robertson pupil in constitutional syphilis was over rated. That it was frequent in parasymphiloses like paretic dementia and locomotor ataxia was undeniable. It was not to be received as a pathognomonic mark of these conditions since it had been found in conditions like alcoholism and therefore might be a temporary expression of toxic states, occurring during constitutional syphilis.

F. R. Zeit read a membership thesis on "Bacteria and Electricity," in which he showed that any influence of electricity on bacteria

was due either to the effects of heat, radiancy or chemical action of electricity and not to electricity *per se*. Electricity did not have a bactericide action and certain currents even stimulated growth of bacteria. There were numerous control experiments cited. The alleged bactericidal action reported by other experimenters was shown to be due to heat, radiancy or chemical action and not to electricity alone. In the discussion Dr. Ries pointed out that negative results such as had been obtained by Dr. Zeit had a positive value in therapeutics. The alleged effect of electricity in gynaecology frequently led to neglect of early surgery imperatively needed.

Dr. Sudduth was of the opinion that vibration should also be taken into account in dealing with the alleged effects of electricity.

Dr. Hallberg called attention to the factor producing brown discoloration of foliage where electric light wires passed.

Dr. Talbot asked as to the factor producing electric purification of sewage. Dr. Kiernan pointed out that rays beyond the violet and red had certain influences on animals and hence that there were certain potencies in radiancy and actinism not fully determined as to therapeutic results. The influence of the light produced by electric welding and the X-ray in causing dermatitis indicated therapeutic possibilities in radiancy for the treatment of cancer and lupus.

W. J. Butler called attention to photographs exhibited by Dr. Pusey to the Academy which showed the efficiency of the X-ray in treatment of lupus and epithelioma.

Dr. Zeit in closing the discussion said he did not desire to underrate the influence of electricity while believing that a more rigid analysis of the factors to which its effects were due should be made. There was little doubt but that both vibration and radiancy played a part in these effects. He was of opinion that the X-ray contained many rays in the region beyond the red and violet of the spectrum. The purification of sewage simply involved the production of chemical disinfectants which could be applied at less expense than could electricity.

After the election of Reuben Peterson of Ann Arbor as Associate Fellow and F. R. Zeit as Member the Academy adjourned.

J. G. Kiernan, Official Reporter.

The Sangamon County Medical Society resumed their sessions Monday evening, Sept. 9th, in the Supervisor's room in the court house, Springfield, at 8 o'clock. There were seventeen members in attendance. In the absence of the President, J. N. Dixon, Vice-President, A. L. Brittin presided. The minutes of the June meeting were read and approved. J. L. Taylor of Springfield, and Burton W. Hole of Tallula were elected members of the Society. A. W. Barker reported that a place for meeting had been arranged for temporarily. Upon motion of C. M. Kelly an order for janitor service was authorized to be drawn.

Margaret Taylor Shutt gave a very interesting report on Gastro-Enteric infection or sum-

mer complaint of infants. This being the result of her summer's work in this line. This report is the summary of experience obtained from 75 to 100 cases treated by her in the Brooklyn childrens clinic of the M. E. Hospital and 25 or 30 cases seen in private practice. The clinical cases were mostly from the tenement house population. This affection makes its appearance with the onset of hot weather, becoming more numerous and severe as the summer advances, and declining when the weather becomes cooler. Heat plays an important part in the causation of these annual epidemics in several ways: first, many of these children are fed artificially, and heat favors the growth of germs in cows milk and prepared foods; secondly, heat dries the soil and all kinds of foreign matter in the street and in the resulting dust pathogenic germs are scattered, to find lodgement in the food prepared for the child in the milk offered for sale, and on the hands, face and toys of the unfrequently washed baby of the slums, from which it is readily conveyed to the mouth; but as the intense heat lowers the child's vitality and its cells are not able to resist inroad of germs that find a lodgement in the alimentary canal and there produce, their deadly toxins. Lastly the intense heat produces intense thirst which is usually relieved by putting the child to the breast or forcing the nipple of the nursing bottle between its lips and the stomach is overloaded. Babies need water. Improper feeding is a prominent cause of such infectious troubles. A large proportion of these cases were fed on condensed milk. They were usually fat at the beginning of an attack, but as in every other disease, babies fed on condensed milk succumbed very rapidly and quickly became emaciated. The Stools were always highly acid and the buttocks excoriated. Where cows milk was used, often an inferior article was sold and not bottled, on account of cheapness and convenience. In some instances the mother's thought all that was necessary was to pasteurize or sterilize the milk and not bother about the kind. Vaughn has proven that some of the bacterial poisons produced before milk undergoes lactic acid fermentation are very deadly even in small doses, heat of 360° does not render them innocuous. Some mother's who sterilize or pasteurize milk are careless with it afterwards, not realizing that milk, that has once lost its vitality by exposure to heat, is more readily infected by germs than if it had never been sterilized. In breast fed children, heat, dust, unclean nipples and over-feeding are the chief causes; in some instances pregnancy, return of menstruation or disease was the cause. In the classes from which my cases came the infants browse about for themselves, and are fed by over-kind and indulgent relatives on sausage, sauerkraut, beer, etc. In addition these poor little unfortunates nearly always have to bear the weight of countless layers of clothing, and this with the thermometer at 98°. Symptoms: The beginning symptoms are chiefly vomiting and fever, quickly followed by frequent stools, more or less prostration due to the absorption of toxins.

Rarely does the temperature exceed 102°-103°, when it does, accompanied with liquid stools and collapse the condition merges into the rarer cholera infantum. The stools are frequent, usually foul smelling, whitish and pasty, with fragments of undigested curds and green when first passed. Mucus and blood may be present if the condition has lasted several days, in cases approaching the cholera infantum type the stools are large and watery, sphincters relaxed and fontanels depressed. Diagnosis is rarely difficult with these symptoms existing. Prognosis varies with the length of time before treatment begins and with the child's environment. In cases where from the beginning the case assumes a choleraform type the prognosis is always grave. On account of the great mortality, means for prevention are certainly of the utmost importance. These means are principally three. Keep the child cool, keep the child clean, furnish it with wholesome food.

Children living in crowded cities should when possible be removed to the country, if this is impossible, send them to the parks frequently, or keep them out in the streets in shady places. Mother's should be taught the importance of the daily bath, and in very hot weather this should be supplemented by an evening sponge bath. Mother's milk is the ideal food, and physicians should use every effort to secure it for the child. If inadequate other food must be added, if poor in quality tone up the mother's health. Where artificial feeding is necessary, the physician should prescribe the food, using as a basis fresh cow's milk, from healthy cows and kept clean from the time it is drawn until it reaches the child. Treatment: The indications are to clean out the alimentary canal all of the offending material, immediately to allay vomiting, to administer a food that will not be a culture medium for germs, to destroy germs present, if possible, by means of intestinal antiseptics, and to maintain the strength. If there is repeated vomiting, often washing out the stomach once will stop it, minute doses of calomel will allay the gastric irritability, besides clearing out the intestines and acting as a powerful intestinal antiseptic. Always when the stools are small and offensive, irrigation of the colon is of value, and even if only possible to wash out the bowels thoroughly once I believe it quite worth while, using a soft rubber catheter; salt solution or a weak solution of glycothymoline at about 95°, enough is used to insure its returning clear, permitting it to escape at intervals at the side of the catheter. By this means much irritating, undigested and decomposing food is quickly removed and the temperature reduced. If there is no nausea, castor oil should be given to clean out the intestinal tract, if nausea exists calomel alone should be depended upon, in 1/10 gr. doses. Milk, from whatever source, should be withheld until the stools become normal. No food for 12 hours, but all the boiled and cooled water it wants. For food you may have to do the best you can. Egg water or barley water instead of one of the liquid preparations of beef

peptonoids which I prefer, this last is a concentrated predigested food, with alcohol. This is given in 1 to 2 teaspoonful in from 2 to 4 ounces of water every two hours until the stools are normal. After thoroughly cleansing the alimentary canal, Bis. Sub. Nit. in from 5 to 10 gr. every 2 hours is given until the stools become black or dark green. Opium in the form of chalk mixture paregoric is cautiously administered if increased peristalsis only continues. As many cases as possible were sent to the sea shore, the many seaside charities made this possible and in every case the change of air caused the most marked improvement. The mothers were told to boil all napkins because the disease was infectious. The after treatment is of great importance, the chief necessity is an outline of diet, because most cases are the result of improper feeding. A weak modified milk must be given, directions as to its preparation must be carefully written by the physician. As speedily as possible the food must be strengthened by the addition of more milk and cream. The effort being to get the child, as soon as it is safe, on undiluted cow's milk.

W. Ryan expressed his appreciation of the paper by complimenting the author on the many truths and practical methods contained therein for handling this so prevalent disease. The fundamental principles in the treatment are to clean out the canal and be careful in feeding. Over and improper feeding are very bad.

O. B. Babcock expressed himself as pleased with the paper, he said too much medicine was bad and uncalled for. Diet and proper nursing are the main reliances in treating this condition. Condensed milk does not afford a child that necessary food whereby it can resist attacks of disease. Reported two cases of children less than a week old that had infected bowels, both terminated fatally. The removal or getting rid of the decomposing and only partially digested food is very essential, irrigation probably the best method. A change of climate frequently produces miraculous results.

A. D. Taylor thought the field had been so thoroughly gone over that nothing remained to be said. He appreciated the very excellent paper and heartily endorsed all that the author recommended.

S. E. Munson thought that many times the milk was often infected and the germs simply thrived and given with their lodgement in the canal. Thought this an infectious disease wholly. A. L. Brittin expressed himself as well pleased with the speaker's explanation of the etiology and pathology of this frequent complaint. Had frequently found that children fed on condensed milk while fat and apparently healthy were unable to successfully combat attacks of disease.

Dr. Shutt in closing spoke of a case that was moribund when seen, stimulants and thorough irrigation with proper medication and food saved the child. Thought the micro-organisms grew rapidly in the milk foods and on that account preferred the liquid beef peptonoids. Pasteurized and sterilized milk constantly used are apt to produce a condition similar to scurvy,

some essential vitality of the milk seems to be removed by the process and the individual thereby becomes more susceptible.

A. E. Prince reported a case of a boy that had been puny and partially deaf from birth, with a chronic discharge into the tympanic cavity. The radical operation for mastoid abscess proved wonderfully beneficial to his hearing and general health. Pyogenic meningitis, the radical operation will afford relief and hope for cure.

There being no further business the Society adjourned to meet the second Monday in October.

B. B. Griffith,
Official Reporter.

NEW INCORPORATIONS.

The Secretary of State at Springfield has licensed the following incorporations:

Norbury Sanatorium company, Jacksonville; capital, \$9,000; treatment of the sick; incorporators, Frank P. Norbury, M. D.; Albert H. Rankin, John R. Robertson.

Christian Hospital, Chicago; capital, \$25,000; operate a hospital; incorporators, E. M. Moore, O. H. Irwin, Grace A. MacKerrow.

Chicago Invalids' Coach company, Chicago; capital, \$2,500; manufacturing vehicles; incorporators, Carl L. Barnes, Taylor J. Bute, William H. Martz.

Illinois Samaritans, Chicago; not for profit, charitable; incorporators, Hilarion B. Benevedeo, F. J. Arnett, M. H. Robinson.

Physicians' Guarantee company, Fort Wayne, Ind.; capital stock, \$100,000; in Illinois, \$2,500.

Sanative Medicine company, name changed to Sanative Chemical company and capital stock increased from \$5,500 to \$10,000.

Neel-Armstrong Septicide company, Chicago; capital, \$100,000; treatment of tuberculosis and other diseases; incorporators, Marshall N. Armstrong, Irwin I. Hanna, James E. Armstrong.

Porter & Bond Drug company, Mount Vernon; capital, \$20,000; general drug and mercantile business; incorporators, S. H. Porter, R. J. Bond, W. M. Porter.

State Medical Dispensary, Chicago; capital, \$5,000; furnish medical advice and attention; incorporators, Conrad H. Czarra, Franz Czarra, Marie Czarra.

American College of Human Nature and Suggestion, Chicago; not for profit; teaching phrenology, physiognomy, chiromancy, and chiromancy; incorporators, E. E. Hall, M. L. Hall, C. A. Miller.

Chidlow Institute, Chicago; capital \$50,000; give instruction in chemistry; incorporators, David Chidlow, George Thomson, Azel F. Hatch.

Golden Cross Eye, Ear, Nose and Throat Clinic, Chicago; name changed Golden Cross Eye, Ear, Nose and Throat Clinic College.

Boulevard Sanatorium, Chicago; name changed to Kedzie Hospital, capital stock increased from \$2,500 to \$10,000; A. H. Tagert, M. D. president, W. C. Allan, M. D., secretary.

OBITUARY.

Burns H. Dever died Aug. 14, 1901, at his home in Hume, Edgar Co., Illinois. He was 42 years old and had practiced medicine in and near Hume for 19 years. He had appendicitis and like many well informed physicians postponed an operation until after the gut had become gangrenous. He lived two days after the operation. He was a member of the Aesculapian Society of the Wabash valley. He was an honest, hard working, up-to-date doctor, and honored the profession he served.

MARRIAGES, DEATHS AND CHANGES OF ADDRESS.

MARRIAGES.

Justice V. White, of Auburn, and Miss Nellie J. Catt of Jerseyville, September 11.

Ira D. Isham, and Miss Beuna P. Fort of Chicago, August 17.

John W. Fuqua of Urbana and Miss M. Ruth Mason of Macomb, August 14.

Chas. Kahn and Miss Florence Dyer of Joliet, August 17.

R. Pattillo and Miss Anna M. Doyle of Chicago, August 6.

DEATHS.

(Furnished by the State Board of Health.)

Bean, Daniel H., in Chicago, July 17.

Beeson, Edward G., in Marshalltown, Iowa, August 15.

Cooper, Edwin H., in Henderson, August 15.

Dever, Burns H., in Hume, August 14.

Eignus, Wm. T., in Kankakee, September 19.

Field, Chas. H., in Alameda, Calif., August 6.

Hawkins, LeRoy, in Pittsfield, September 7.

Hicks, Robert B., in Springfield, August 28.

Kellmer, Max, in Chicago, August 2.

McBride, Alexander, in Decatur, August 14.

Park, Augustus V., in Chicago, August 14.

Smith, Frank B., in Springfield, August 24.

Winn, J. M., in Forest City, September 5.

Woodbridge, John E., in Germany, August 31.

Wooden, David, in Grayville, August 13.

CHANGES OF ADDRESS.

(Furnished by the State Board of Health.)

CHANGES IN CHICAGO.

Bachelle, Cecil V., 575 W. Adams st., to 100 State st.

Bander, Clara S., 464 E. 55th st., to 4834 Cottage Grove ave.

Barber, F. A., Hotel Hayes, to 6335 Monroe ave.

Baumann, F., 703 Jackson blvd., to 352 State st.

Beatty, Elizabeth, 3012 Vernon ave., to 3658 Wabash ave.

Bellows, Alice C., 1096 N. Clark st., to 680 Fullerton ave.

Beverly, C. A., 1925 to 1785 N. California ave.

Bigelow, John F., 78 State st., to 99 Madison st.

- Biggar, James H., Jr., 3410 Rhodes ave., to Baptist Hospital.
- Blackwell, E. C., 1044 W. Monroe st., to Fisher Building.
- Bleuthardt, T. J., 643 N. Clark st., to 54 Walton Place.
- Brugge, H. J., 2107 W. 12th st., to 1997 W. Polk st.
- Carpenter, Albert T., 6456 Ingleside ave., to 84 Adams st.
- Carr, Orcutt N., 1326 Ogden ave., to 966 W. Lake st.
- Carroll, J. Gibson, 70 State st., to 3567 Cottage Grove ave.
- Carson, Clayton W., 3872 Cottage Grove ave., to 145 Oakwood blvd.
- Cole, Alvin V., 2601 Wentworth^a ave., to 2602 Indiana ave.
- Cross, E. D., 2426 38th Place, to 1947 38th st.
- Deal, D. B., 866 W. VanBuren st., to 163 State st.
- Derham, James E., 1301 W. 103d st., to 10192 Winston ave.
- Dunham, O. B., 3545 Vincent st., to cor. 63d st. and Stewart ave.
- DuPlessis, Chas. O., 3104 Wabash ave., to 282 31st st.
- Earle, E. G., 91 Lincoln ave., to 100 State st.
- Eckerman, Chas. T., 4839 N. Clark st., to 3169 N. Clark st.
- Eckley, Wm. T., 5818 S. Park ave., to 979 Jackson blvd.
- Egan, Daniel, 2899 to 2908 Archer ave.
- Eggert, F. C. H., 5321 to 5258 S. Halsted st.
- Elfield, Edward A., 330 LaSalle ave., to 1619 Diversy blvd.
- Enders, Magnus, 725 S. Halsted st., to 482 Milwaukee ave.
- Farmmanek, Fred, 648 Loomis st., to 572 Blue Island ave.
- Farmer, Mortimer H., 3743 Indiana ave., to 3801 State st.
- Farr, Albert L., 157 Michigan ave., to 240 Hampden Ct.
- Fosdick, Chas. M., 4308 Cottage Grove ave., to 297 43d st.
- Feeder, Henry C., 592 Milwaukee ave., to 289 N. Carpenter st.
- Feingold, Leon, St. Elizabeth's Hospital to 776 North West ave.
- Fetherston, Edward B., 902 Wilson ave., to 2397 N. Paulina st.
- Finn, Wm. H., 6658 to 2522 Wentworth ave.
- Fisher, John, 368 LaSalle ave., to 489 Beldon ave.
- Fiske, David, 451 Division st., to 100 State st.
- Fitz-Patrick, Gilbert, 1774 Washington blvd., to 103 State st.
- Flaws, E. S., 5741 Wentworth av., to 451 W. 63d st.
- Foerter, A., 482 W. Lake st., to Cook County Hospital.
- Foster, Addison H., 779 W. Monroe st., to 42 S. Sneyley ave.
- Fowler, A. M., 4801 S. Ashland ave., to 6008 Wentworth ave.
- Frank, Ira, Michael Reese Hospital to 3035 Indiana ave.
- Franklin, Archibald E., 1810 W. 18th st., to 1373 Ogden ave.
- Fraser, Wm. E., 229 55th st., to 5490 Washington ave.
- Freas, Frank L., 1229 N. Halsted st., to 1528 Wrightwood ave.
- Freiman, Harry N., 418 E. North ave., to 474 LaSalle ave.
- Freund, Abraham L., 31 Washington st., to 241 Wabash ave.
- Frick, A., 63 Chicago ave., to 366 Division st.
- Friegel, Max J., 566 N. Ashland ave., to 601 N. Paulina st.
- Friedman, Isaac, 226 37th st., to 3566 Rhodes ave.
- Friedrich, Louis H., 100 Clybourne ave., to 109 Randolph st.
- Furlong, Moses, 100 22d st., to 100 State st.
- Gage, Ellen C., 1544 Kenmore ave., to 344 Lake Park ave.
- Galloway, G., 574 W. Congress st., to 70 State st.
- Gary, I. Clark, 125 22d st., to 2184 Archer ave.
- Gatchell, Chas. B., 70 to 100 State st.
- Geary, John C., 1 Park ave., to 41 Clark st.
- Gelderman, Frederick H., 275 Clybourne ave., to 270 North ave.
- Gibbs, A. E., 256 W. Adams st., to 381 W. VanBuren st.
- Gibson, R. C., 3451 Indiana ave., to 3220 Graves Place.
- Gill, John G., 67 to 81 Clark st.
- Gilman, John E., 69 to 59 State st.
- Goodwin, H. F., 682 44th st., to 6021 Woodlawn ave.
- Gorgas, Laurence D., cor 57th st. and Lake ave., to 247 47th st.
- Graham, Henry G., 264 S. Halsted st., to 748 31st st.
- Gray, Ethan A., 695 Lincoln ave., to 100 State st.
- Green, Frank A., 89 Madison st., to 6501 Yale st.
- Green, Lida E., 167 Dearborn st., to 2631 N. Robey st.
- Green, Thomas S., 77 to 137 39th st.
- Grosvenor, Lorenzo N., 2714 Kenmore ave., to 185 Lincoln ave.
- Guilford, Paul, 100 to 92 State st.
- Hager, Daniel S., 9 S. Halsted st., to 181 W. Madison st.
- Hahn, H. S., 85 S. Seeley ave., to 540 W. Adams st.
- Haiselden, Harry J., 475 to 435 Belden ave.
- Haley, Richard, cor. Hart st. and Archer ave., to 1923 38th st.
- Hall, C. B., 5516 Jefferson ave., to 293 53d st.
- Hall, Wm. E., 77 to 137 39th st.
- Halpheid, Alvin C., 3458 to 3217 Wabash ave.
- Hancock, Joseph L., 3148 to 3757 Indiana ave.
- Hanks, Mary E., 31 Washington st., to 22 Bellevue Place.
- Hannah, Helen M., 3030 Clara ave., to 4625 Vincennes ave.
- Harrigan, Cornelius P., 424 W. Twelfth st., to 559 South Western ave.
- Harris, Georgiana W., 12009 Butler st., to 11933 Stewart ave.
- Harrison, Ebenezer J., 84 Adams st., to 30 Ogden ave.
- Harrison, Wallace K., 34 Washington st., to 59 State st.
- Hartung, Henry, cor. Lincoln ave. and Wrightwood ave., to 596 Sheffield ave.
- Hathaway, James N., 167 Dearborn st., to 617 LaSalle ave.
- Hatton, L. C., 73 43d st., to 4348 Berkley ave.
- Harvey, Samuel N., 7032 Stony Island ave., to 8924 Cottage Grove ave.
- Hawley, F. M., 126 State st., to 103 Dearborn st.

- Hawley, Jos. E. R., 3907 Clara ave., to 3421 S. Park ave.
- Hawley, Mary W., 126 State st., to 130 Dearborn st.
- Hay, Phillip C., 3658 Wentworth ave., to 246 64th st.
- Heller, Chas., 279 to 324 Dearborn st.
- Hendricks, Wm., 936 W. 63d st., to 596 La-Salle st.
- Hepburn, Alexander H., 3601 S. Halsted st., to 1224 W. 63d st.
- Hertel, L. L., 2200 State st., to 3106 Rhodes ave.
- Hillemeier, Wm. A., 401 to 357 W. 47th st.
- Hillis, David S., 6124 Woodlawn ave., to 6603 Monroe ave.
- Holland, Armatus S., 2194 W. Drexel blvd., to 2200 W. Adams st.
- Holman, E. E., 6500 Harvard av., to 6565 Yale st.
- Holmboe, Anton, 536 N. California ave., to 92 State st.
- Horton, Estelle, 6357 Yale st., to 400 W. 65th st.
- Huffaker, Thomas S., 77 to 137 39th st.
- Hunt, Marie L., 4007 Grand blvd., to 451 42d st.
- Hutchins, A. V., 834 W. Monroe st., to 92 State st.
- Indovina, Vincenzo, 2246 Wentworth ave., to 2169 Archer ave.
- Jacobson, August, 389 S. Oakley ave., to 481 Ogden ave.
- Jaquith, Walter A., 2342 Calumet ave., to 5713 Drexel ave.
- Jeffrey, Jos., 4058 Dearborn st., to 3671 State st.
- Johnson, Auguta E., 1097 Sheffield ave., to 554 N. Clark st.
- Johnson, Geo. W., 733 Grace st., to 2247 N. Ashland ave.
- Jones, Jos. B., 765 42d st., to 1199 55th st.
- Jones, Robert T., 5850 to 5753 Wentworth ave.
- Kohn, Harry, 4703 Cottage Grove ave., to 4705 Indiana ave.
- Kelleher, Michael W., 422 W. 12th st., to 240 Blue Island ave.
- Kellogg, Helen R., 3100 Groveland ave., to 92 State st.
- Kemp, N. C., 92 State st., to 3904 Indiana ave.
- Kennedy, Henry J., 4306 Calumet ave., to 24 44th Place
- Kerns, Benj. F., 4681 Lake ave., to 4660 Wentworth ave.
- Khieralla, George I., 4643 Evans ave., to 26 VanBuren st.
- King, L., 612 N. Lincoln st., to 31 Washington st.
- Kirkpatrick, John A., 396 43d st., to 4259 Cottage Grove ave.
- Kleene, Frederick, 318 Milwaukee ave., to 110 Clark st.
- Kline, Minerva A., 713 63d st., to 6238 Drexel ave.
- Koehler G., 96 Sheffield ave., to 143 North ave.
- Kolar, Edward E., 381 W. 18th st., to 55 Fisk st.
- Korssell, Claus, F. P., 5500 Wentworth ave., to 1060 Garfield ave.
- Kramps, A. E. F., 610 W. North ave., to 794 N. Irving ave.
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- Krygier, Anna L., 471 N. Ashland ave., to 215 W. North ave.
- Kubicek, Albert C., 435 S. Paulina st., to 1481 W. Monroe st.
- Laftry, T. V., 56 5th av., to 1427 W. Madison st.
- Lanoix, Frederick W., 48 Sherman st., to 66 Rush st.
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- Lowenthal, L. L., 473 Ogden ave., to 3135 S. Park ave.
- Lowenthal, A. A., 112 Clark st., to 103 State st.
- Ludlam, E. M. P., 103 State st., to 1455 W. Jackson blvd.
- Lundgren, A. L., 3028 Vernon ave., to 2912 Groveland ave.
- Lynam, Thos. P., 360 Garfield ave., to 2107 W. Madison st.
- Maas, Max A., 34 Washington st., to 103 State st.
- MacDonald, John H., 1334 W. Congress st., to 26 VanBuren st.
- Mack, Mary K., 312 40th st., to 4120 Vincennes ave.
- Mack, Milton H., 3000 Indiana ave., to 5801 Calumet ave.
- Mackey, Wm. E., 3241 Wabash ave., to 3160 State st.
- Malone, Geo. B., 146 N. Clark st., to 126 State st.
- Manning, Chas. H., 308 S. Kedzie ave., to 1451 W. VanBuren st.
- Marguerat, Eugene, 80 Madison st., to 155 S. Robey st.
- Marguerat, Eugene F., 80 Madison st., to 155 S. Robey st.
- Marks, H. M., 164 42d Place to 1494 Ogden ave.
- Marr, Wm. L., 4730 State st., to 130 Dearborn st.
- Martin, Louisa, 943 W. Madison st., to 153 S. Leavitt st.
- Martin, Wm., 100 State st., to 422 W. 12th st.
- Mauro, Andrea, 187 N. Halsted st., to 82 W. Madison st.
- McDonald, G. A. N., 707 120th st., to 700 120th st.
- McFall, Rose C., 103 to 70 State st.
- McGowan, M. J., 174 Chicago ave., to 281 Oak st.
- McGrath, Michael H., 940 W. Madison st., to 1022 W. Adams st.
- McGregor, John D., 7 Blue Island ave., to 112 Clark st.
- Merritt, Chas. H., 420 26th st., to 482 W. State st.
- Metcalf, Frank A., 5043 Grand blvd., to 5143 Prairie ave.
- Michael, May, 523 W. Monroe st., to 70 State st.
- Michel, Marie A., 3206 Prairie ave., to 4336 Cottage Grove ave.
- Michels, Robert H., 1007 W. Harrison st., to 1381 N. Clark st.
- Miesse, Leon, 4701 to 5021 Cottage Grove ave.
- Miller, H. C., 6001 Washtenaw ave., to 296 60th st.
- Miller, H. R., 912 Sheffield ave., to 1756 N. Clark st.
- Morehouse, F. L., 175 S. Western ave., to 660 W. Lake st.
- Mowry, Albert E., 3017 Michigan ave., to 3305 Indiana ave.

- Mueller, Frank L., 3520 Lincoln ave., to 59 W. Foster ave.
- Mueller, Louis A., 334 North ave., to 1607 N. Clark st.
- Murdock, Ezekiel T., 103 Randolph st., to 100 State st.
- Neale, Richard A., 303 Chicago ave., to 417 LaSalle ave.
- Neel, W. D., 138 Washington st., to 21 Quincy st.
- Newburgh, Jonas S., 65 Randolph st., to 70 State st.
- Newhall, Geo. F., 57 W. Washington st., to 811 W. Irving Park ave.
- Niles, J. W., 420 LaSalle ave., to 395 N. Wells st.
- Norton, Selina, 390 N. Clark st., to 2358 Indiana ave.
- Novak, Frank J., 586 S. Center ave., to 724 W. 18th st.
- Novak, John D., 1060 S. Kedzie ave., to 1681 W. 23d st.
- Nutting, Emogene P., 168 39th st., to 5529 Cottage Grove ave.
- Ocasek, C. J., 612 Throop st., to 1500 S. 40th ave.
- O'Connor, Wm., 1542 W. Harrison st., to 1389 W. Congress st.
- Ogden, E. J., 26 VanBuren st., to 1636 Michigan ave.
- Oliver, Nathaniel E., 1373 N. Clark st., to 1742 Diversy blvd.
- Olsen, Marie A., 34 Washington st., to 520 Dearborn ave.
- Olson, Oscar G., 1756 N. Clark st., to 70 State st.
- O'Neal, Jos. F., 1006 W. 54th Place to 318 W. 61st st.
- Oswald, J. W., 65 Randolph st., to 103 State st.
- Pague, C. H., 130 Dearborn st., to 84 Adams st.
- Palmer, Geo. F., 2961 Groveland ave., to 3632½ Forest ave.
- Palmer, Thos. D., 70 to 92 State st.
- Parker, Albert S., 6523 Normal ave., to 1712 N. Halsted st.
- Parker, Chas. A., 773 W. Lake st., to 16 S. Homan ave.
- Parker, John W., 356 S. Wood st., to 9234 Commercial ave.
- Pelton, B. H., 311 W. Polk st., to 145 W. 18th st.
- Perkins, Orville J., 91 Dearborn st., to 6113 Normal ave.
- Perlman, Adolph, 455 S. Center ave., to 493 W. 12th st.
- Petit, G. W., 89 S. Central ave., to 92 State st.
- Phillips, John D., 174 Throop st., to 296 42d st.
- Pitkin, Alice F., 1291 Perry st., to 2459 Dearborn st.
- Post, Geo. W., 1987 Washington blvd., to 2081 W. Lake st.
- Poynton, Robert A., 144 Franklin st., to 9206 Commercial ave.
- Pratt, W. A., 21 Quincy st., to Auditorium bldg.
- Radesinsky, Antonine, 658 Loomis st., to 1343 W. 22d st.
- Raithel, J. A., 126 State st., to 109 Randolph st.
- Ranger, John N., 148 State st., to 1203 Bryn Mawr ave.
- Reading, Edgar M., 34 Washington st., to 103 State st.
- Reed, Morey L., 3912 Cottage Grove ave., to 320 Bowen ave.
- Reichardt, Frederick E., 83 W. Kenzie st., to 121 N. Des Plaines st.
- Reid, Thos. J., 112 Clark st., to 5515 Monroe ave.
- Reutter, Franz, 879 N. Halsted st., to 585 N. Clark st.
- Reynolds, Geo. W., 181 W. Madison st., to 335 Washington blvd.
- Roe, Emory W., 766 Warren ave., to 690 W. Madison st.
- Roth, A. E., 182 State st., to 46 VanBuren st.
- Rowell, Lawrence W., 479 Dearborn ave., to 91 Lincoln ave.
- Royce, Wm. S., 240 Honore st., to 100 State st.
- Rubovits, Wm. H., Michael Reese Hospital to cor. Grand blvd. and 47th st.
- Ruehl, Max, 3017 Michigan ave., to 3505 Indiana ave.
- Russell, Dennis P., 1410 W. Jackson blvd., to 1451 W. VanBuren st.
- Ruud, Helga, 34 Washington st., to 281 Warren ave.
- Ryerson, Edwin W., 419 Huron st., to 103 Lincoln Park blvd.
- Sage, Annie, 17 40th st., to 100 State st.
- Saint Cyr, E. D. Jr., 100 State st., to 538 Ashland blvd.
- Sanborn, F. C., 102 N. Clark st., to 52 State st.
- Schaller, Geo. J., 1127 N. Clark st., to 518 Fullerton ave.
- Schiller, Julius, 26 VanBuren st., to 1148 N. Halsted st.
- Schock, Leonard E., 79 S. Sacramento ave., to 1029 Warren ave.
- Scholten, R. E., 4603 State st., to 4412 Wabash av.
- Schreuder, Theodore H., 447 North ave., to 3603 Indiana ave.
- Schulte, J. A., 5503 S. Halsted st., to 430 State st.
- Seifert, Mathias J., 803 N. Leavitt st., to 475 W. North ave.
- Shaffer, Mary J., 2454 Indiana av., to 367 44th st.
- Seiver, Francis A. P., 92 State st., to 48 VanBuren st.
- Sissman, I., 350 S. Halsted st., to 338 W. 12th st.
- Smith, Arthur Weir, 1328 W. Polk st., to 748 S. Spaulding ave.
- Smith, H. Karl, 287 Lincoln ave., to 1956 N. Halsted st.
- Smith, Orrin L., 103 State st., to 31 Washington st.
- Snydacker, E. F., 34 Washington st., to 103 State st.
- Snyder, O. C., 42 Scott st., to 565 Dearborn ave.
- Sperry, Chas. C., 602 W. 59th st., to 558 W. 63d st.
- Steible, Henry, 110 Townsend st., to 63 Chicago ave.
- Sterhz, Theodore O. E., 719 W. Congress st., to 761 W. Madison st.
- Strzykowski, B. F., 215 W. North ave., to 1022 N. Hoyne ave.
- Tallman, Claude A., 838 W. 87th st., to 8641 S. Sangamon st.
- Tallman, Elijah E., cor. Vincennes Road and Halsted st., to 838 W. 87th st.
- Thextton, Louis, 1276 W. Adams st., to 279 Dearborn st.
- Thomas, A. E., 34 Washington st., to 100 State st.
- Thomas, W. M., 34 Washington st., to 100 State st.
- Thompson F. P., 130 Dearborn st., to 160 State st.
- Thompson, Geo. F., Cook County Hospital to 5 Blue Island ave.
- Thompson, Wm. M., 8 St. James Place to 1907 Deeming Place.

Thoren, Olgas E., 126 to 100 State st.
 Titzell, F. Caquelon, 334 63d st., to 6413 Kimbark ave.
 Todd, James F., 168 22d st., to 2139 Wabash ave.
 Trumbull, Elizabeth, 420 W. Garfield blvd., to 910 W. 59th st.
 Tucker, Geo. W., 2402 Cottage Grove ave., to 73 24th st.
 Turbin, Louis M., 103 State st., to 109 Randolph st.
 VanDyke, G. H., 657 S. Ashland ave., to 185 Hastings st.
 VanPelt, Ryan T., 167 Dearborn st., to Woodruff Hotel.
 VonKalkstein, L., 781 Southport ave., to 2309 N. Leavitt st.
 VonKotsch, Rudolph H., 3832 Rhodes ave., to 457 42d st.
 Weiskopf, Herman C., 161 Center st., to 131 LaSalle st.
 Weissman, Abraham J., 351 Clark st., to 123 Harrison st.
 Wells, Edward F., 34 Washington st., to 103 State st.
 Wells, H. Gideon, 527 W. VanBuren st., to 464 W. Adams st.
 Wheeler, Alonzo M., 2111 W. Harrison st., to 2099 Lexington st.
 Winslow, Geo. W., 69 State st., to 92 State st.

CHANGES FROM CHICAGO.

Alexander, J. S., to Omaha, Neb.
 Angell, Katharine, to Ann Arbor, Mich.
 Barrows, Ransom M., to Bay View, Mich.
 Bartholomew, R. W., to Fort Scott, Kans.
 Bassett, Chas. F., to Brooklyn, N. Y.
 Beaumont, Robert L., to Salt Lake City, Utah.
 Berg, L. M., to San Antonio, Texas.
 Bettem, Herman J., to Washington, Mo.
 Bradford, Theron, to Grossdale.
 Brewer, Frank M., to Jefferson, Wis.
 Brill, Andrew J., to Cincinnati, Ohio.
 Clark, Marvel T., to Springfield, Mo.
 Clippinger, Wilbur H., to Coldwater, Ohio.
 Crowley, Thomas N., to St. Louis, Mo.
 Cullen, Geo. A., to Topeka, Kans.
 Daniells, Ralph P., to Michigan.
 Dick, John K., to Champaign.
 Dinsmore, Walter H., to Kramer, Ind.
 Driscoll, McKendree, to Springfield, Ohio.
 Dutton, Geo., to Onset, Mass.
 Ely, Edwin S., to Bay City, Mich.
 Ely, N. Maynard, to Bay City, Mich.
 Fellows, Alfred, to Los Angeles, Cal.
 Follansbee, W. F., to Paonia, Colo.
 French, V. M., to New York, N. Y.
 Fuller, Erlan G., to Gardner.
 Gallagher, M. L., to Rock Island.
 Galbraith, John, to Michigan.
 Heisz, Emily J., to Nora Springs, Iowa.
 Howard, Burt F., to Bangor, Me.
 Johnson, S. A. E., to St. Louis, Mo.
 Kern, Aaron, to Wabash, Ind.
 Kowenstrat, B. J., to Milwaukee, Wis.
 Lane, Myron E., to Little Rock, Ark.
 Laugheim, H. W., to Phillipine Island.
 Lewis, Margaret D., to Bareilly, India.
 Maury, J. Millard, to Wheaton.
 McKay, Jessie F., to Buffalo, N. Y.
 McLaughlin, C. H., to Plymouth, Ohio.
 Milbee, H. H., to Marshfield, Wis.

Morgan, Mary E., to Rock Island.
 Morrison, Wm. W., to Edgartown, Wis.
 Musgrave, Samuel, to Minneapolis, Minn.
 Pickard, Lawrence R., to Nebraska.
 Palmer, John M., to Grays Lake.

CHANGES TO CHICAGO.

Adams, Fred M., Lanark to Wesley Hospital.
 Bale, Geo. L. A., to 92 State st.
 Donnelly, Geo. K., to 5 31st st.
 Farrell, Wm. W., to 4029 Ellis ave.
 Faulkner, Louis, St. Charles to 69448 Ontario st.
 Fish, Geo. N., to 1103 West Montrose ave.
 Fischkorn, Carl, to 515 W. North ave.
 Goo, D. F., New York to 229 E. 28th st.
 Goodwin, Sara L., to 254 Washington blvd.
 Greenebaum, Edward C., to 3505 Indiana ave.
 Greenfield, Jacob, Detroit, Mich., to 468 S. Hermitage ave.
 Hanstein, H. H., South Dakota to 361 Mohawk st.
 Hart, Henry P., to 4229 Wabash ave.
 Hegele, H. W., to 1038 N. Clark st.
 Henchling, Theodore W., to 138 Washington st.
 Henrickson, Joseph, to 214 N. Main st.
 Herdien, Elmer F., Galva to Michael Reese Hospital.
 Hoeflerlin, J. Ben. J., to 109 Blue Island ave.
 Holden, Wm. B., to 1926 Wabash ave.
 Jenkins, Jos. A., to 1004 W. Madison st.
 Johnson, N. La Doit, to 18 N. California ave.
 Jones, M. Estelle, to 1199 75th st.
 Kellogg, Chas. S., to 22 46th st.
 Kennedy, Wm., to 2783 N. Lincoln st.
 Kensington, M. Leonard, to 456 63d st.
 Kerber, Henry C., to 4338 Indiana ave.
 Larsson, Orlando, to 296 Orleans st.
 Lowell, Inman S., to 6658 Wentworth ave.
 Majeski, Wenzel, to 519 Milwaukee ave.
 Mills, Wm. H., to 322 W. 65th st.
 Nagel, John S., to 323 S. Western ave.
 Orr, Julia M., to 105 S. Central ave.
 Patrick, Frances L., to 310 N. Central ave.
 Otis, Elmer F., to 1926 Wabash ave.
 Phipps, Luther H., to 524 Cornelia ave.
 Piles, Freda M., to 17 VanBuren st.
 Rahlfs, Theodore, to 1148 W. 12th st.
 Rodgers, Everett D., to 84 Adams st.
 Sax, Arthur O., to 6565 Yale st.
 Schaupmann, A., to 303 Belmont ave.
 Shallenberger, Wilbert, to 145 Oakwood blvd.
 Streich, Edwin A., to 1423 Michigan ave.
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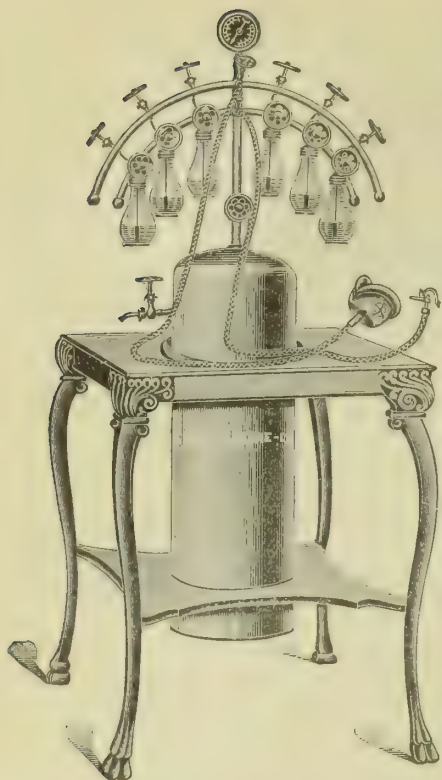
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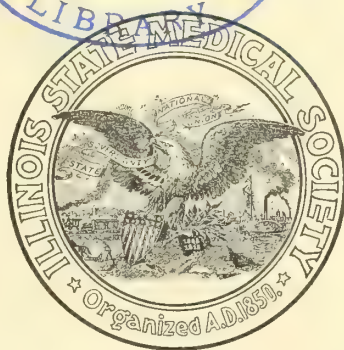
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ILLINOIS

Medical Journal

The Official Organ
of the
State Medical Society



Monthly Under Direction
of the
Judicial Council.

Printed by

THE ILLINOIS STATE JOURNAL COMPANY.

Entered in the Springfield Postoffice as Second-Class Matter.

Volume LI.
New Series, Vol. III. }
Number 6.

Springfield, Ill., November, 1901.

{ Subscription, \$3 a Year.
Single Copies, 25 Cents.

56 PAGES AND REPORTS FROM 20 LOCAL SOCIETIES IN THIS ISSUE.

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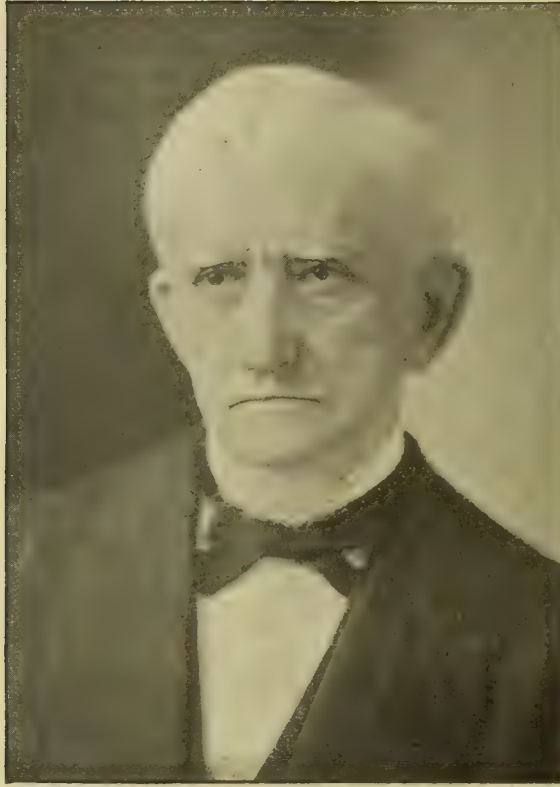
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NATHAN SMITH DAVIS.

President, 1855.

Secretary, 1856, 1858 to 1870, 1877 to 1880.

His Toast: Pure water, Nature's Universal Aseptic; It muddles no brains, it fills no asylums or prisons, it begets no anarchy; but sparkles in the dew drop, glows in the peaceful rainbow, and flows in the river of life close by the throne of God.

The Illinois Medical Journal.

The Official Organ of The Illinois State Medical Society.

VOL. LI.
New Series, Vol. III. }
NO. 6.

Springfield, Ill., November, 1901.

{ SUBSCRIPTION
{ \$3.00 A YEAR.

IMPERATIVE CONCEPTIONS.*

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By imperative conceptions, I understand ideas, mental impressions or emotions, nearly always painful or disagreeable, morbid in their intensity and in the persistence with which they recur in spite of the wish, will and unimpaired judgment of the patient. The term "imperative ideas" is synonymous.

With few exceptions, cases may be divided into two categories: phobias or fears and the doubting or questioning psychosis. In many instances both fears and doubts are present.

These symptoms are peculiar, often puzzling and apt to be confused with hysteria, hypochondria, neurasthenia and insanity. Hence this paper. Brief mention of a few examples will explain the trouble better than an extended description.

Case 1. A lady of thirty-seven, intelligent, educated, travelled and well balanced came to me for relief from a susceptibility to thunder storms which was more than distressing. The trouble had begun in childhood and had grown with years until it constituted the *bete noir* of her existence and even a menace to her life. Not only did thunder give rise to a feeling of terror so overpowering as to make her an abject slave, but caused intense nausea, prolonged and violent emesis and a degree of prostration comparable only to profound shock. As she had been suffering for some years from grave cardiac disease, the danger of such crises may be imagined. Observe that I have said "a feeling of terror." There was no real fear justified by suspi-

cion or conviction. She clearly comprehended the groundlessness of her panic and could reason upon the subject as clearly as any master of medicine or psychology. That she could be injured by a bolt after seeing the flash or hearing the crash, she knew to be impossible and cheerfully characterized this pseudo-fear as absurd, but none the less did approach of a storm make her nervous and sick. With the distant roll of thunder self-control disappeared and with every peal terror seemed driven into her very soul.

Case 2. A lady, aged forty-seven, consulted me for facial spasm and for a nervous inability to go anywhere alone. The latter difficulty had begun two or three years before with a feeling of apprehension when at a distance from home, especially if no one was about. When I saw her she could just compel herself to walk to the nearest corner, about twenty-five yards from the entrance to her home, but there her wavering spirit deserted utterly and she could not force a foot beyond the curbstone. No more could she cross the street to call upon her intimate friend opposite. Many a time she resolved to be governed by such nonsense no longer and resolutely started from her own door determined to cross over, but at the outer edge of the sidewalk the nameless dread came down and halted her as effectually as would a stone wall. Even indoors the condition persisted. Before crossing a large room she would stretch out a hand to some member of the family for the moral support of his company.

The next two cases are examples of imperative conceptions of the phobic type, although this variety is often incorrectly spoken of as morbid impulses.

Case 3. A middle aged man, the father of two young boys to whom he was devoted, consulted me because he said he had mo-

*Read at the Fifty-first Annual Meeting of the Illinois State Medical Society, Peoria, May 21, 1901.

mentary impulses to kill them. As a matter of fact he had nothing of the kind. What he had was the constantly recurring thought that he might do so. Conceptions of how easily he could do the deed, or the manner in which he might do it and of their mangled bodies, so persistently obtruded themselves that he was driven to distraction. He could not bear to look at a knife; the ax with which he had been accustomed to chop wood, he carried off and threw into a river and sight of a clothes line gave him the horrors. In reality he had no homicidal impulse at all but feared that in some insane moment he might have.

Case 4. An hysterical and neurasthenic woman of thirty-eight, assured me that she frequently had a scarcely controllable impulse to kill herself and child. The idea recurred many times a day. She could not be persuaded to go near the lake; on some days she would not go into the kitchen because of the carving knives there and on one occasion locked herself into a bathroom so that she might not harm the child. As in the previous case, there never was an impulse to harm herself or the child, but the constantly recurring, insistent, imperative conception of such an act with the fear that she might do it.

Both of these patients were perfectly conscious that they had neither wish nor cause to commit the crime in question. Both shrank with horror from the thought of the deed. Neither had an abnormal desire or conviction on the subject. But neither could suppress the conception that haunted consciousness day after day.

Case 5. A hard-working mechanic brought his wife with the complaint that she was no good and must be crazy. The wife plead guilty to both impeachments. The trouble was that instead of doing her housework she sat down and thought about it. By means not always gentle the husband got her to prepare his breakfast, after which he left for work. On his return at noon he would find things as he had left them, the wife having spent the

morning in a soliloquy of questioning doubt. "Shall I wash the dishes first or sweep the room? If I washed the dishes first and broke one, then I might have to go to the store to get another and they might not have one, which would cause endless inconvenience. But if I should sweep first and do the dishes later, then I might not break a dish. Why must I do one thing before another? Why can't one do two things at once? Why do I have to ask all these questions? Why am I not like other women? I wonder if I cooked breakfast properly. It seems to me that I used sugar instead of salt. How could I have done that?" And so on *ad infinitum*. Fully aware of the futility of these abortive ratiocinations, depreciating her behavior and deploring the consequences, this unfortunate woman was still unable to suppress the flow of conceptions perfectly useless but so imperative as to occupy her entire attention.

Case 6. Just after this paper was begun, a young lady of twenty-two was referred to me by her physician because of nervousness, insomnia, mental depression and general ill health. The cause of all the trouble was a mystery until the young lady herself explained it, which she had not done to the family physician.

When a child, she once discovered that a little friend had confiscated some of her playthings and carried them off to her own home. Having been brought up with a New England conscience, the discovery gave this hyper-sensitive child quite a moral shock. She began to wonder how anyone could do such a thing, then to speculate on the possibility of herself doing the same, and finally to fear that she might. The result was that, for a time, she became timid about going into other houses. This trouble practically passed away, but at long intervals the conceptions would come back to torment her for a brief period. Several months before I saw the patient, they had returned with great vigor and elaboration. Now she has a constant dread that she may in some way take what does not belong to her and turns over and over in her mind

the possibility and probability of such a contingency. Furthermore, having been at a friend's house, or in a car, or in a store or anywhere outside her own home, she is pursued by the presentiment that she may have gotten into her possession what belongs to another. Over and over she searches purse, pocket, chatelaine bag and folds of her clothing to reassure herself that no foreign article is there. That she is scrupulously honest, that she could not by any means be induced to steal she knows full well. That in some accidental way the valuables of others should become attached to her person, she freely avows to be in the highest degree improbable, and readily admits that if such a peculiar thing should happen, it could be easily adjusted. In fact, it was the very unreasonableness of her trouble which caused her to conceal it from everyone but her father and mother. But just the same, she can no more rid herself of the notions than she can stop breathing. Hour after hour and day after day she reviews the entire question, *de novo*, inspects it from every side, elaborates every consequence and evokes every detail of this, to her, tragic drama. It is the perfect recognition of her abnormal state with the complete impotence against the ideas and the unceasing wear of doubt and fear, that have worn her out as completely as could the most poignant grief or carking care. That she is depressed, distressed and gloomy, has no appetite, sleeps poorly and has no pleasure in life is perfectly natural under the circumstances.

Case 7. A middle-aged German woman, wife of a farmer, was brought to me because of mental trouble which had begun about a year before, in this wise. She and her husband had spent the evening at the home of her sister, a few miles distant, where there had been a social gathering of some kind. On the way home it occurred to her that she might have exchanged shawls with her sister as the two garments were very similar. Such a doubt in itself presents nothing abnormal, but in the case of the patient it at once

became pathological from its persistence, the weight attached to it and the degree of mental perturbation occasioned by it. For several days, until she could visit the sister and have her shawl identified, she was constantly ill at ease and so distraught as to be useless about the house. Setting at rest the doubt about the shawls did not cure her. The questioning "broodiness" was immediately transferred to other objects and subjects. First it related to her customary housewifely dealings at the store. After returning from a marketing trip she was pursued by the idea that she had forgotten something or had bought the wrong article or too much or too little of it; that she had received too much money in change, or had passed a counterfeit piece or had failed entirely to pay for some purchase; that she had injured goods in the handling or even stolen some article. Deeply troubled by these imperative conceptions she counted money and purchases again and again, revolved in her mind all occurrences and reviewed all transactions without ever settling the matter to her satisfaction. When I saw her she had many more troublous doubts. She was haunted by the impression that she had said something amiss, had emitted an oath, slandered someone or conveyed a wrong impression. Of late her imperative ideas had included more than mistakes and mere moral peccadillos, conceptions of having carelessly caused the death of someone and even of having committed murder harried her without cessation. What wonder that she was sad, cried a great deal, was preoccupied, muttered to herself, paid but slight attention to everyday affairs and was thought to be insane.

Case 8. Is an example of a class neither typically phobic nor dubious but equally imperative with the others. The patient was a young man of twenty-two and when brought to the clinic was found to have his pockets full of small scraps of paper. It was with a very shamed face, indeed, that he was induced to pull them out one after another, sometimes by the handful. He had picked them all up on the street and

in public places, because if he passed a bit of paper or even picked it up, examined it and then threw it away, he was tormented with the idea that it might have been something of value. He had frequently tried to break the habit but the conception was so imperious as to drive him back, sometimes many blocks, to hunt for and possess himself of the stray scrap. On a few occasions he had been unable to find it and the distress of mind was then acute and lasted for several days. As intimated above, the young man was fully conscious of the irrationality of his conduct but the impulse was too much for him; he yielded to it in spite of the ridicule to which it subjected him and to which he was keenly alive.

The foregoing cases are reasonably typical of a disorder which in detail shows an infinite variety, and in extent a gradation into the normal or merely eccentric at one extreme and at the other into cases that are scarcely distinguishable from the graver psychoses. Ordinarily, however, insanity of any form is easily excluded because there is present nothing approaching a delusion and no weakening of intellect. The phobic patient may be quite unable to enter a theatre or cross the street alone, but it is not because he has any false beliefs connected with the place. A victim of the psychosis of doubt may do many queer things and be quite incapacitated for any occupation but he is not so because of erroneous convictions of loss of mental capacity. His memory is intact, his grasp of principles and of details alike perfect, his acuity of mind unimpaired.

Nor is it fair to rank imperative conceptions as manifestations of neurasthenia or hysteria. At least if this is done, the bounds of these two diseases must be considerably extended; extended, indeed, to such an extent as to overlap each other by a very considerable margin. The same individual may have neurasthenia or hysteria and imperative conceptions. While in certain persons the strain and worry of imperative conceptions may bring about a neurasthenic state or induce hysterical outbreaks, relatively few of these patients

have hysteria and many of them have no neurasthenia. Some of the phobias bear a striking resemblance to hypochondria, at least to paroxysmal hypochondria, if there could be such a thing, but in hypochondria the patient is continually convinced of the existence of some malady. He may be apparently convinced to the contrary by the arguments of his physician, but this conviction is never deep and always evanescent. On the other hand, the phobic patient, even in the throes of a paroxysm, has no real conviction of danger or disease.

The relation of imperative conceptions to other neuroses and psychoses is not one of interdependence but of community of cause and this cause is generally the neurotic constitution present by virtue of neuropathic heredity. It is remarkable in how many cases such heredity is present, and even in its absence evidence of congenital neural obliquity is, as a rule easily obtained. Illustrations are superfluous but I might instance a few characteristic examples.

Case 9. A man of forty-four. His father was nervous and an inebriate, his mother died of apoplexy, one brother is nervous, has tremor and is an excessive user of cigarettes and the oldest brother is migrainous. The patient's oldest son, seventeen years old, is nervous, peevish and irritable, and his daughter, only eleven years old, has already begun to have migraine.

Case 10. A woman of twenty-nine. One sister has migraine, another had severe "nervous prostration" for six or seven years, and a brother died of general paresis.

Case 11. Maiden lady of thirty-five. Mother nervous and very eccentric, two brothers very nervous and has herself been nervous and emotional since childhood.

Case 12. Young woman of thirty-one. Father very nervous and at the age of forty "broke down" with "nervous prostration." A paternal uncle and paternal aunt were temporarily insane, and another paternal aunt has been mildly insane for

the last twenty years. The patient's grandmother died of paralysis and there was insanity in other members of her family. There is tuberculosis in her father's family. She has six brothers and sisters, all are nervous, one is a somnambulist and one a great sleep talker.

The PROGNOSIS is affected especially by three factors: (a) Character of the imperative conception, (b) degree or intensity of the trouble and, (c) nature or disposition of the patient. Confirmed cases of the doubting and questioning or reasoning psychosis, the Grublesucht of the Germans, seldom recover, while the phobias may ordinarily be cured or greatly relieved. Bad cases of long standing, of any variety, are exceedingly difficult to handle and require all the niceties of neurological technique. Like other bad habits and ties, the earlier imperative conceptions are properly treated, the better the outlook. Pronounced neurotic heredity and neuropathic disposition are most unfavorable conditions. Assuming that a certain degree of unstable equilibrium or nervous susceptibility is necessary for the development of the malady, it will at once be seen that danger of relapse is never very remote, often imminent.

Case 13. Quite recently I have seen a physician from a southern city who has had recurrences of his trouble for fifteen years. In 1886, being then twenty-five years old, he ran about half a mile at top speed to catch a run-away team. It was a most unusual exertion for him and, having caught the horses, he naturally found himself out of breath, exhausted, slightly dizzy and with violent palpitation. The thought suddenly struck him that he might then and there drop dead of heart disease. The conception was so powerful (in proportion to his susceptibility) as to give him quite a shock and it annoyed him for several months. Since that time it has recurred every two to five years, brought on by any casual incident which suggests the original idea, and during its persistence he is entirely dominated by it in spite of a vigorous and active frame, a clear in-

tellect, a perfect understanding of his own case and poignant shame at his inability to throw off his nervous incubus. He said "it makes me feel like a d—d fool."

Concerning possible dangers, it is to be said that patients who fear that they may jump from high places, commit suicide or injure their friends never do so. Suicide is not unknown by any means, but those who kill themselves are not the ones who fear they may.

Case 14. Married woman, thirty-two years old, a born neuropath, sent to me a few weeks ago because she was haunted by the fear that she would kill her husband. With the phobia were incessant doubts and questions. In conversation she granted every reasonable proposition and clearly understood that every reason existed why she should not, could not and would not injure him and yet the idea that she would, in some mad moment commit the crime was so overpowering that she hung herself soon after I saw her. Observe that she did not do that which she feared. If one of us had to choose between murder of a loved one and suicide, the latter alternative would be chosen. That was her position as she felt it.

In like manner the victim of imperative conceptions may commit suicide, just as sometimes does the victim of facial neuralgia or of circumstances, to free himself from an unbearable burden, but the act has no direct or necessary connection with the particular affliction of the individual.

Under the head of prognosis, too, belongs, mention of the possibility of a combination with the graver psychoses or termination in them.

Case 15. A man, about forty-five, consulted me for a fear that he would throw himself from a window; also fear of knives. Under isolation in hospital on proper treatment he rapidly recovered and looked out of my office window on the ninth floor, without a trace of trepidation. As he was about to leave he asked me if I could not get him a permit to dig in Lincoln park. With great reluctance he then explained

the presence of buried treasure there and a little more questioning revealed the systematized delusions of paranoia, delusions which he had had long before his simple phobia and quite unconnected with it.

The eventuation of imperative conceptions in insanity is very unusual but I have seen one case in which the obtrusive ideas, at first recognized as impossible and absurd, gradually became converted into delusions.

The TREATMENT of imperative conceptions, in the broadest sense, must embrace every means of breaking up a habit vicious and confirmed. As in the case of other bad habits, the same method is not applicable to every case and an intimate knowledge of malady and individual is an enormous advantage, indeed, generally a prerequisite of success. In the great majority of cases a course of systematic education or re-education based upon such knowledge constitutes the best treatment. An imperative conception is really a mental tic—a mental habit spasm—and as Brissaud has found that the best therapeutics for tic of muscles is careful, graduated, oft-repeated and long-continued training of the individual in the suppression of abnormal movements, so the victim of an imperative conception must be carefully taught to suppress his obtrusive idea and its results. The first step in this education would better be an explanation to the patient of the nature and harmlessness of his affliction, for he is apt to be in dread of insanity, paralysis, death or crime. Naturally, this explanation must be suited to the mental capacity, beliefs and feelings of the person but it must be plausible and encouraging; secure his confidence and awaken his courage. The next step must be to teach him to be controlled by reason and judgment instead of by his feelings, emotions and impressions. These neurotics are much like children and like children must be governed in different ways. Some can be reasoned with and by words made to see the folly of their ways: a positive statement is enough to arouse inhibition. Others can be led, still others must be driven. Pure suggestion sometimes suffices. A

process of progressive demonstration is most frequently useful. Having to deal with an affection essentially mental, treatment must be aimed at mental processes. Bitter tonics, "reconstructives" and so-called nervines are ridiculous remedies except in a purely incidental way and the same may be said of all assumed sources of "reflex irritation" unless it be considered wise to attack such peccant part for its purely suggestive effect. Treatment by sudden compulsion is not successful and generally does harm. For instance:

Case 16. An old acquaintance of mine who since childhood has greatly feared thunder storms, was walking with a friend, a large and powerful man, when a storm rapidly came up. The friend purposely delayed until the storm broke, then clasped the phobic in his arms, saying "now you fool I'm going to cure you." A struggle ensued, the victim finally breaking away by leaving his coat in his friend's hands. He did not stop running until he had reached the cellar of the nearest hotel. Relating the circumstance, he assured me that had he had a weapon at the time of the struggle he certainly would have killed his friend, such was his frantic impulse to free himself and flee from the thunder and lightning. After the episode he not only feared storms more than before but at such times people also.

Four short illustrations of treatment will suffice.

Case 17. A vigorous, muscular but impressionable business man of twenty-eight years had become possessed of an agoraphobia to such an extent that he could not come down town without someone at his side. He was first told to have his companion precede him by a few feet. This distance was rapidly increased to half a block or more and then the companion was put behind. When he could precede the companion by a block he was instructed to come down alone and soon found himself cured. This was six years ago and he has remained well.

Case two was treated in practically the

same way, except that she was taken from home and isolated in a hospital with a sensible nurse. When she could go about with the nurse a block behind her on the opposite side of the street, she was sent around the block while the nurse waited on the corner; then around two blocks and then she went out alone. There has been no return in four years.

Case 18. An intelligent, active business man of thirty-five years, suffering from agoraphobia based upon an imperative idea of heart disease and sudden death. He was convinced that he had no heart disease, knew that he was in first-class physical condition and in speaking of his symptoms said: "I often feel as if someone ought to give me a good swift kick." The nature of his trouble and its genesis was carefully explained to him; he was told that he could cure himself by gradually crossing larger and larger open places alone, by not allowing himself to be dominated by the morbid ideas and by following his judgment and mine rather than his imperative ideas and impulses. He followed directions and was soon well.

Case 19. A woman of thirty-four years was constantly pestered by the idea that someone might break into her home while she was alone. She had no specific fear of murder, or violence or robbery but simply the constantly recurring idea of forcible entrance and over this idea she brooded and worried, questioned and doubted until she was a domestic wreck and anything but a helpmeet to her husband. Every morning she rose with good resolutions to conquer what she recognized to be a weakness but every evening found her as bad as before. As isolation and training were not feasible and both intellect and will too weak to allow management as in the preceding case, she was treated by means of hypnotism. Being a good subject, no difficulty was experienced and she was cured by about eight treatments. Not having seen her since, I can say nothing as to the permanency of her recovery.

CONSERVATIVE OPERATIONS UPON THE UTERINE ADNEXA.*

BY HENRY T. BYFORD, M. D., CHICAGO.

It is very seldom necessary to remove the uterine adnexa for inflammatory disease. Although I believe that the sexual organs are of no benefit to their possessor, as far as promoting physical vigor or increasing longevity are concerned, yet there are many minor reasons for preserving them. I believe that after the age of thirty years these organs have already served their function in stimulating individual development. After that age they are only of use to propagate the species, and, in functioning, act more or less as a drain upon the general system, and tend to hasten senility. Yet women prefer, as a rule, to suffer with unhealthy organs rather than have them removed, and the prejudices of society are such that it is an unfortunate thing for a woman not to be able to retain them. I, therefore, consider it my duty to the individual patient to preserve sufficient ovarian tissue for normal function in women under forty years of age, even at the risk of their being obliged to undergo a subsequent castration.

There are three questions to be asked in determining what we shall do in a given case of diseased adnexa that cannot be cured without opening the peritoneal cavity, viz:

1. Shall we leave the ovaries and tubes intact and merely separate adhesions, replace the organs, etc.

2. Shall we remove the diseased portion of the ovaries, leave the best part of them, open up and clean out closed tubes, etc., and thus get rid of the diseased tissue without abolishing function?

3. Or shall we remove the diseased adnexa so completely as to bring on the menopause, and prevent the monthly hyperemia?

There are undoubtedly cases in which the conditions require the complete abolishment of the monthly hyperemia of the sexual organs. Of these I will not speak.

*Read at the Fifty-first Annual Meeting of the Illinois State Medical Society, Peoria, May 21, 1901.

There are other cases in which separation of adhesions and suturing of the parts on a higher level may be all that is indicated. These I will also pass by.

It is the second class cases mentioned that I wish to consider, viz: Those in which the diseased portions of the ovary must be excised, and the tubes made pervious, and the patient left unaltered as far as her sexual functions are concerned.

Since peritoneal sections have become comparatively safe, it is not such a terrible misfortune if the patient should be obliged to submit to a second operation, and we are sometimes justified in recommending and performing conservative operations even when there is no certainty of a cure. We have also learned that purulent sactosalpinx is not a contraindication to conservatism, for the pus in most cases has become sterile or but feebly septic, and the communication of the tubes with the peritoneal cavity and thus its usefulness as a transmitter of the ovum can be restored without danger or bad effects.

Severe septic cases of disease of the uterine appendages with habitual elevation of the bodily temperature, frequent acute attacks, large accumulation of pus, and complete disorganization of the tubal walls and ovarian structures should not as a rule be treated in a conservative manner.

Eliminating those septic cases just mentioned, we have a very large majority left in which we can assure the patient that the diseased tissue can be removed or treated without interfering with her sexual functions or vigor. This I consider one of the chief advances made in modern gynecologic surgery.

When there is for any good reason an objection to an abdominal incision, the same work can often be done by the vaginal route, although the abdominal more often gives good results.

The only argument which I care to advance in this short study is that we are doing such operations, and the immediate as well as remote results are good. Before abdominal sections were performed for adherent appendages, gynecologists re-

corded a large percentage of symptomatic cures without any operation, and now that we are operating in a conservative way we are likewise observing a large percentage of cures without complete removal. In other words, we are becoming more and more convinced that complete castration is to be reserved only for extreme cases.

I will only take up your time with two cases representative of many others which I am constantly performing. Dr. A. Palmer Dudley, of New York, has also recently reported a number of operations for pyosalpinx. It was his pioneer work that encouraged me to extend my conservative operations to adherent and occluded tubes.

I was called to see Miss H——, in April of 1898, and found her in bed. She had been broken down in health for a year or more, and had taken local treatment and the rest cure without benefit. Her local symptoms were dysmenorrhoea and pelvic pains. A consulting gynecologist of wide experience had recommended removal of the ovaries and uterus as the only means of getting her out of her deplorable condition. I found double oophoritis, a small cervix and moderate uterine hyperplasia. I dilated the cervix, curetted the uterus, made a peritoneal incision through the posterior vaginal fornix, and removed about two-thirds of each ovary, leaving only what seemed to be healthy tissue. The patient recovered promptly, got married in a year and has been well and hearty since.

In another case, Mrs. J. S. S——, I made on February 15th of this year an abdominal section and found both tubes occluded. The right tube contained cheesy matter and its walls were thickened and hardened from interstitial inflammation. The left tube contained a little turbid mucus. The left ovary contained a hematoma the size of a walnut. The appendages of both sides were extensively adherent.

I separated the adhesions, removed a large part of the right ovary, opened the fimbriated extremities of both tubes by incisions, and sutured the mucous to the

peritoneal coats in order to insure permanent patency. The contents of the tubes were pressed out, and the cavities syringed out with sterile water. The peritoneal cavity was closed without drainage. The patient walked about the room at the end of three weeks. Her immediate recovery was about as rapid and complete as in those cases in which the ovaries and tubes are removed *in toto*, and she continues well, and complains of no symptoms whatever.

100 State st.

Discussion on the Paper of Dr. Byford.

Dr. Emil Ries, of Chicago: Mr. President. Some two or three years ago I read a paper on conservative operations on the tubes in which I expressed an opinion to the same effect as Dr. Byford has done today. I am happy to say that I can improve on the report which I gave at that time. At that time, I did not know that any of the women upon whom I had operated in this conservative way, and where I had opened the tubes that had been occluded, had become pregnant. I know now of two women who have become pregnant after having had occluded tubes which were opened up, and they have gone through labor easily without any disturbance. One gave birth to a child at full term, and the child is living today. I saw it only two months ago. The other had a miscarriage at three months, but this could not be charged to the operation. It had no connection with the operation.

It is with these conservative operations, as with many other operations, that we must select our cases. We cannot operate on every case in a conservative way. Where we have an old chronic gonorrheal affection of the uterine appendages, where there is a thickening of the tubal walls, where there is a loss of epithelium and destruction of tissue in the tubal mucosa, where there are minute abscesses in the tubal wall, and where there are minute abscesses in the ovarian tissue, a conservative operation is not indicated. In such cases the most radical operation is the best. I have never felt sorry when I have done a radical operation on such cases, but I have been sorry sometimes when I did a conservative operation. In some cases I have underestimated the pathology of the organs affected, and have resorted to a conservative operation when it should have been a radical one. While I have not lost any patients, I have had two cases in a series of thirty conservative operations in the last three years who had fever and the formation of abscesses, and neither one of them has conceived. If I had done a radical operation, they would not have had any trouble. So I wish to conclude my remarks by saying, that sometimes I have felt sorry when I have done a conservative operation, but never when I have done a radical one.

Dr. Fernand Henrotin, of Chicago: This question is not settled, and it will not be set-

tled for quite a while. There is no question as to the great advancement in the art of gynecology or of abdominal surgery in doing these conservative operations. It is also a fact that occasionally by doing a conservative operation we may cure the woman in so far that she may become pregnant, not very often, but occasionally. Many of you will remember that Dr. Kelly collected about ten cases of abdominal operations, as mentioned in his work, the woman having become pregnant after a portion of either of the tubes or ovaries was removed. The question of complete recovery after these operations is most important. When a woman undergoes a laparotomy and has a portion or portions of organs removed, it takes a good deal of judgment to know how far to go when we are investigating these cases, and we have the organs in hand, so to speak. I rather deprecate the idea of laying any stress on the fact that one or two or three patients in whom pus and pyosalpinx have existed have recovered after a conservative operation. Personally, I do not think it is a good plan to leave any portion of a pyosalpinx whatever. If a tube contains a lot of pus, I believe it is better to remove the whole tube. If an ovary has suppurated to a very considerable extent, it is better to remove the whole ovary. But in the edematous and adhesive forms of disease, where we have closed tubes and small hydrosalpinx, we may try conservatism. At the same time, we must expect to be disappointed in a certain proportion of cases, and in only a small number of such cases will pregnancy follow. In cases of pyosalpinx it is said that the pus is sterile, and I suppose it is sterile for a little while, but when we leave it in the abdominal cavity it will not always stay sterile, particularly after it has been exposed to the air and has been in contact with the bowel, and it is dangerous to leave any part of it behind. One of the most satisfactory operations in my hands is salpingectomy, the complete removal of the tubes to the cornu of the uterus, allowing all healthy ovarian tissue to remain. This leaves the woman practically in as good a condition as she was before, except that she will never become pregnant. It is the most satisfactory operation, and the one that probably succeeds most frequently, and yet can be truly called conservative.

Dr. J. Clarence Webster, of Chicago: I have been prompted to rise to take part in this discussion, because of some remarks that were made by Dr. Byford. He gave us to understand that he was impressed with the fact that the ovaries practically served their function at the age of thirty. I fail to understand why he should make such a statement, for there is certainly no physiological or anatomical justification for it. All the work of recent years goes to show that the ovary plays an important part, as the thyroid does, in furnishing an internal secretion which plays an important role in the female organism, and we know that normally the ovary does not reach the senile state until between forty and fifty in the great majority of cases, and in half of

the women not until between forty-five and fifty-eight. Therefore, we should feel the necessity of conserving ovaries as much as possible, not for the sake of maternity merely, but for the sake of the function which is to be kept up by the influence of this internal secretion.

I have practiced conservative work on the ovaries, being influenced largely by Dr. Dudley of New York, Dr. Polk, and Kelly, for the last two years, and I have been satisfied with it in the highest measure. I think the form of cases in which ovarian resection gives its best results is the condition which, only a few years ago, called for ablation. The late Lawson Tait removed the ovaries in cases of so-called small cystic degeneration. I think that condition can be treated in a most satisfactory manner. Unfortunately, the pathology has only recently been worked out, and given only lately to the profession. There has been a dispute as to whether the cysts so often seen in connection with ovaries are anatomical or pathological. The work carried on in Germany by three or four independent observers has tended to oppose Nagel, who upheld the anatomical view. This work shows that chronic ovaritis, with tension produced by the developing cysts, even though of small size, is a frequent cause of local symptoms and of general disturbance, especially secondary to neurasthenia in women. I have seen the happiest results in a long series of resections in these cases. Like Dr. Ries, I have regretted at times in not having done a more radical operation, because there has been a recurrence of the disease, but in resecting this class of ovaries, in over 150 cases, I have opened the abdomen in two cases; that is to say, only two women have reported to me, and I have asked that reports be sent to me as to their after-condition. It is true, they may have gone to others. It is infinitely better in my judgment for a woman to take the chances of a second or third operation, if the technique is satisfactory, than to remove both ovaries.

Dr. J. F. Percy, of Galesburg: One of the difficulties I have found in conservative operations on the ovaries and tubes is this that many of my cases have returned to me after a certain number of months, complaining of symptoms that they had before operation.

This led me to think that I had not made a correct diagnosis in the beginning, and that this would explain why my treatment did not seem to fit them. But I do not now believe this to be the real difficulty for in the cases of cystic ovaries that have dropped down to the first, second, or third degree, and where the tube has followed with them it is a serious question in my mind if entire removal will not give in every way the greatest relief. To resect an ovary with the hope of leaving only normal tissue and to do the same with the tube and remove only the outer two-thirds, which is usually the part diseased: to merely drop these ovaries and tubes back, without doing anything further, I think in the majority of cases the woman will come back after a while complaining of the same trouble of which

they complained at first. They may go a year and a half or two years, as did one of my cases, and yet after a while the symptoms will return. By vaginal examination we will find many of the conditions that existed previously; the tenderness and the easily elicited pain.

It has occurred to me, although I have not carried it out, that it would be a good idea to fasten the tube to the broad ligament or take off so much of it that there would be no possibility of its dropping down and with this fasten the ovary to the broad ligament or somewhere where it can not drop down behind the uterus. These inflammatory conditions, which keep the symptoms active, necessitate many times the entire removal of the organ, but I am not going to discuss that phase of the subject now. I am talking about conservative operations on the ovaries and tubes.

Three or four months ago I had a case of cystic diseased ovary, and in resecting it I saw a little mass not larger than one-eighth of an inch, which was in the center. It was a new phase of ovarian pathology to me and for a moment I hesitated to remove it. I had already removed the other ovary because of extensive cystic disease. The woman was thirty-five years of age. I did not remove this ovary in its entirety. The resected portion was sent to a competent microscopist, and he reported that this little mass with a capsule about it was sarcoma. My patient is now at her home, and it is a question in my mind whether my attempt to be conservative has not led me too far from the realm of good surgery.

In line with the remarks of Dr. Henrotin, I know that when I have done radical operations on these patients as was the case in the early days of my work they have not come back to me, and I know they have gotten well. The so-called symptoms of premature menopause are, in the work I have had, not as serious as we have been led to believe by many.

Dr. Byford, (closing the discussion): With reference to ovarian secretion, we all know that when the sexual organs are developing there is a certain stimulation to growth which makes the individual develop a little more vigorously than if that person were castrated early. Thus sufficient strength is obtained to sustain the sexual function, and if the individual has plenty of vigor there will be enough strength to maintain sexual activity without material injury to the system. But if the individual lives a city life or has neurasthenia, she may not have enough strength to endure the drain of sexual activity, and every sexual act will be apt to render her weaker. When we remove the ovaries of a patient after thirty years of age, and there is no trouble left from ligatures or local conditions, we know that that patient will get as well and strong as if she had her ovaries. In fact, she will often take on flesh and be much stronger than she was before their removal. That has been my experience and observation in many instances.

The talk about ovarian secretion is mostly nonsense, and is founded on far fetched

analogy. Ovarian function is for the benefit of the offspring. When a woman reaches the menopause, nature abolishes the functional activity of the organs, because the woman is no longer able to sustain with impunity the strain of the sexual function. If it is too much for a woman of fifty it certainly, to some extent tries the strength of a woman of forty or of thirty years.

With regard to the indications, there are two points that determine the whole subject. First, select your cases. If we operate conservatively on a case of pyosalpinx in which there is much sepsis, or in which the tubes are much degenerated, we will blame ourselves. We will not have good results. Second, if we do these operations, we must do them properly and aseptically. For instance, if we operate in a case in which there is extravasation of feces, from a ruptured bowel in the abdominal cavity, we will get sepsis in a few days and death. If we operate in another case, with imperfect technique, we will have some elevation of temperature and may or may not have a fair result. In another case on which we operate with great care and our technique is good, there will be no irritation, the abdominal cavity will be left in good condition and we may expect to have good results.

Thus cases properly selected and properly operated upon should give good results, and vice versa.

INFECTION IN A GENERAL SURGICAL SENSE.*

BY DANIEL N. EISENDRATH, M. D., CHICAGO.

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Etiology and Pathology. It will be impossible in the time allotted to this paper to take up in as detailed a manner as I should like the pathology and diagnosis of infection, so I will refer to these in the briefest possible manner. For ordinary purposes we may consider that the most frequent forms of surgical infection in the human being are produced by streptococci and staphylococci. They differ somewhat in their mode of activity, the staphylococci giving rise to the circumscribed, the streptococci to the more rapidly progressive and more diffuse forms of suppuration. Clinically, we find them mixed in the more severe forms of sepsis; they secrete toxins and have a peptonizing influence upon the tissues, liquefying them as

they do the gelatin in our test tubes, and causing all of the reactive phenomena of inflammation. Their chief absorption is through the lymphatics, unless, as is commonly the case in the larger cavities of the body, they produce a septic phlebitis. The neighboring lymph glands enlarge and attempt to arrest the infection, acting as filters and preventing the organisms from gaining access to the general circulation. Should this effort at localization of the poison be unsuccessful, either the organisms themselves, their toxins, or septic emboli gain access to the general circulation, giving rise to the so-called surgical septic diseases—septicemia, pyemia and sapremia.

Nature eliminates micro-organisms normally, chiefly through the alimentary canal, liver and kidneys. The chief infection atriæ, or places in which micro-organisms can enter the body, are either through accidental wounds, which, according to recent experiments, can never be looked upon as aseptic, through the tonsils, or the intestinal tract. It will not be in the province of this paper to take up the special forms of infectious diseases like tetanus; still, it will not be amiss to call attention to the fact that it not infrequently happens that typical tetanic symptoms arise as the result of ordinary pus infection. This phenomenon has been explained by the fact that the ordinary pyogenic organisms can at times acquire the property of secreting a toxin similar to that secreted by the tetanus bacillus.

Surgical Anatomy. There are certain points in the anatomy of each region that I would like to call attention to. In the head, the suppuration of scalp wounds is limited in its spread to attachments of the aponeurosis of the occipito-frontalis, and also that the veins of the scalp communicate with those in the interior of the skull. Suppurative processes in the face are sometimes followed by thrombosis of the cranial sinuses along the facial, and branches of the ophthalmic veins. Suppuration in the neck is greatly influenced by the distribution of the cervical fascia; if the pus lies close to the trachea or makes its

*Read at the Fifty-first Annual Meeting of the Illinois State Medical Society, Peoria, May 21, 1901.

way to the front of the vertebrae, it may not infrequently be followed by an extension to the mediastinum. The strong thoracic fascia prevents pus from entering the interior of the thorax, even though the infection on the exterior may be very severe. The lymphatic supply of the breast all communicates with the vessels around the nipple, so that infection involving the latter rapidly spreads to the interior of the breast. In the upper extremities, attention may be called to the fact that the subdeltoid bursa almost always communicates with the shoulder joint, so that infection may spread, as I have seen it in one case, directly from the subdeltoid bursa into the joint. Suppuration of the elbow joint is rare, on account of the thick capsule on the anterior surface of the joint. The principal point of interest in the hands is the tendon sheaths, which can be distinctly seen in the accompanying chart. The tendon for the flexors of the little finger communicate with the sac, which encloses the flexor tendons as they pass across the wrist. This common flexor sac extends to the middle of the palm of the hand, and is separated from the flexor tendon sheaths of the middle, index and ring fingers. The thumb has a separate tendon sheath of its own along its entire length, so that infection of the thumb and little finger may spread very rapidly to the forearm, whereas, in the remaining fingers, it extends only to the palm of the hand. On the back of the hand, the extensor tendons have no tendon sheath over the fingers, such a sac only being present under the annular ligament.

A cross section of one of the fingers is also of considerable interest, the chief point being that the connective tissue is arranged in bundles, along which the lymphatics run on the flexor surface of the finger, extending directly from the skin to the bone, whereas on the back of the hand, it is more loosely arranged. Infection on the flexor surface is apt to extend either to the tendon sheath or the periosteum, as, for example, in the felon.

In the foot, suppurative processes are

not apt to follow as frequently in the tendon sheaths as in the fingers, the sheaths being chiefly situated around the tendons as they pass around the ankle bones. Infected wounds in the neighborhood of the knee joint are very apt to extend into its interior. The strong fascia of the thigh greatly aids the burrowing of pus.

Diagnosis. In regard to the diagnosis, I wish to say but little, as that is given in every textbook on the subject. A thin pus looking like turbid serum usually means a streptococcus; a thicker yellowish means a staphylococcus infection. The former spreads very rapidly, and we must often incise in advance of it. Infection spreads to the tendon sheaths and joints in an insidious manner, and we must exercise the utmost vigilance to recognize it as soon as possible. One of the best guides to the spread of infection is the temperature.

TREATMENT.

My chief object in reading this paper is to plead for prompt and more thorough treatment of infection as soon as it is recognized, be it a simple furuncle or an extensive phlegmon. We should not content ourselves with making a single small incision, putting on a dry dressing, without even packing the wound to provide for drainage. The rule should be to incise early and not too sparingly. We should not only expose the infected area itself so that every corner of it can be drained, but also relieve the tension of the surrounding tissues by making many counter-incisions, even though they be simply through the skin itself, to permit the escape of the excess of serum which is always present around such an area and greatly favors the spread of infection. It is much better surgery to be obliged to suture a large incision after an infection has been overcome at the time that the wound is granulating, than to be obliged to amputate or discharge a patient with a deformed finger or limb. Everyone who undertakes the treatment of a case of infection must have a clear notion of the surgical anatomy of the region in order to treat it intelligently. In the fingers, for example, we should remember

the ease with which infection travels towards the bone, and in cases of felon incise down to and even through the periosteum, in order to prevent necrosis. The tendon sheath can be best exposed by an incision made midway between the flexor and extensor aspects, thus leaving a considerable flap of tissue covering the tendon, preventing a sloughing of the same. In this manner if we incise down to the periosteum and expose the tendon sheath, we can at an early stage determine whether there is pus inside of the sheath and open the same to its very end. In healing, the tendon is also less likely to become adherent to the skin, interfering with its action. If the infection is more extensive, do not be afraid to expose every portion of it in order to drain the infected tissues. Those who have operated upon cases of infection when blood is continually flowing over the field of operation, and then again in a bloodless field, will appreciate the great advantages of the latter. This can be accomplished best of all when a general anesthetic is given, by the application of an Esmarch constrictor well above the point of infection. When the infection is confined to a finger, the base of the same can be constricted by a soft rubber catheter, and some dilute cocaine solution injected distal to the catheter suffices to give an excellent anesthesia. Similarly Schleich's solution injected in a circle around the finger above the point of infection can be used, combining both anesthesia and hemostasis. Ethyl chloride and similar freezing mixtures render the parts so hard to cut through that their use is to be limited to cases where a single small incision suffices. Retractors will be found of great assistance, both at the time of operation and in the dressings of the wound. By holding the skin and superficial tissues back, there will be far less pain when gauze is packed into the wound than otherwise, and this can be done far more satisfactorily than working in the dark. Wherever possible, it is best to administer a general anesthetic. It will be found far better for the careful exploration of an infected wound.

Henle, Schimmelbusch, Reichel and others have shown that irrigation or cauterization with strong antiseptics and curettage are of but little avail in rendering an infected wound aseptic. In fact, they may do great harm by breaking down the barrier which nature is attempting to throw around the infected zone. At the last German Surgical Congress, in 1901, Bruns spoke of the dangers of toxic effects by flooding wounds with antiseptic solutions. He gave the results of 80 cases in which he had employed pure carbolic acid, applied to the wound surface, the acid was neutralized after one minute by washing the wound with absolute alcohol. His results were very satisfactory. Through the neutralization of the carbolic acid by the alcohol there was no local damage to the tissues. In general, strong antiseptics, unless they are neutralized in this manner, destroy in a great measure the bactericidal action of the tissues themselves, which we have come to regard as a most important element, in the defense against infection.

We should provide for ample drainage in every case of infection, no matter how slight it may appear. Gauze, wide-meshed, either plain sterilized or borated, is the ideal material for this purpose, especially when combined with a moist dressing. Some prefer drainage tubing, but my own experience with gauze in the mildest as well as the most severe cases certainly justifies my continuing to use it.

Friedreich has called attention to the fact that pressure and counter-pressure play a great role in the absorption of micro-organisms. A wound in a tissue causes a decrease in pressure, allowing its fluids to escape. When a tissue is infected, the fluids are greatly increased, and if they accumulate in the wound, its tension is raised and micro-organisms and their toxins are more rapidly absorbed, and find their way more readily along lymph spaces. We should therefore always provide amply for drainage, packing our gauze into every corner of the wound, not too tightly however. Where there is no accumulation of secretions, micro-organisms develop poor-

ly. Personally, I have made it my rule to pack every infected wound, no matter how small the area.

When antiseptics were first introduced in infected wounds, the tendency was to employ them in as strong a solution as possible. It was soon seen that they did great harm, gangrene from carbolic acid and toxic effects from this drug, as well as bichloride, being frequently observed. At the present day the tendency is to use the weakest solution of bichloride, 1-10,000, and we are gradually departing even from the use of this, the majority of surgeons employing milder antiseptics like aluminum acetate, salicylic or boric acids. It has frequently been shown by Haenel, Von Eicken, Bardenheuer, Helferich and others that it is absolutely immaterial which one of these milder solutions one employs so long as we pay attention to the cardinal principles, namely, to employ them in the form of a moist dressing after ample incisions have been made and good drainage provided for. One Russian surgeon treated for one year all of his cases of infection (1,500) with salt solution, with results equal, if not better, than those which he obtained by strong antiseptic solutions. During a dispensary and hospital experience of ten years, I have used a 1-1,000 salicylic solution in every case (about 2,000), with very satisfactory results. Alcohol has been used by some surgeons, the object being to stimulate arterial hyperemia and thus aid nature in fighting the organisms. Its use, however, is not very general, on account of the shriveling of the skin which it produces. Moist dressings have every possible advantage over the dry. Only gauze should be used; cotton acting very poorly as an absorbent compared to it. In order to prevent evaporation of the solution used, the gauze should be covered with gutta serena tissue or wax paper. These moist dressings, aided by packing of the wound, which we can compare to the capillary action of the wick in a lamp, draw up the infected secretions of the wound. They must be changed frequently at first, twice or three times daily in severe, once

daily in less severe cases, and later on, every second day. A dry dressing should only be employed when after an operation the bleeding is profuse and parenchymatous, and then only as a temporary dressing, after six to twelve hours taking it off and using a wet dressing. I need not mention the fact here that in severely infected compound fractures or other very severe infected wounds continuous irrigation with mild antiseptic solutions, or immersion of the parts continuously in a bath constructed to fit the arm or leg, are of great value. As shown in the accompanying chart, the bland antiseptic solutions have the chief advantage of not causing any tissue necrosis or general toxic effects. They thus aid the body in its fight against the organisms. When the wound is to be dressed, its edges are retracted, it is irrigated with some one of the milder solutions just given, or with peroxide of hydrogen, and then repacked. I do not think it necessary to state that the use of flaxseed poultices in the treatment of an infection is to be most severely condemned. The use of dusting powders is superfluous; their antiseptic action is but slight and they are often used so freely that they block the channel for the escape of the secretion. One of the best to employ at the time when granulation has begun is the Thiersch powder—one part of salicylic acid to sixteen parts of boric acid. Some of them, like iodoform and similar iodine compounds, not infrequently irritate the skin in the neighborhood of the wound, causing a violent dermatitis, which greatly complicates its healing, and gives new atria for infection.

Placing the infected area absolutely at rest in an elevated position is to be most strongly urged. Bier has shown that passive hyperemia favors the development of micro-organisms. If an infected part is allowed to hang so that it is filled with venous blood, we paralyze the activity of the tissues. If the infection be extensive, the patient should be put to bed with the arm or leg elevated on a von Volkmann splint. If the infection is slight, a finger or hand

splint should be applied. Through muscular action the organisms are massaged or forced into the lymph channels. No matter how careful we try to be to avoid sloughing of a tendon, this frequently occurs, and I have found the application of protonuclein, as first suggested by Dr. John E. Owens, to hurry this sloughing. As soon as the infection of a larger joint is diagnosed, it should be freely drained, avoiding pressure of our drainage material upon the arteries and veins which pass across them. Every accidental wound, such as a compound fracture, etc., should be regarded as an infected wound, the skin around it thoroughly disinfected, and the wound itself irrigated and drained.

Streptococcus toxin is of questionable value. In every case of infection we should not neglect the patient's general condition. The administration of strychnine and whiskey, and of iron, if there should be anemia, is of great importance. Especial attention should be paid also to the excretory organs, remembering that the alimentary tract and the kidneys carry off much of the toxic material of the body. In order to decrease the deformities resulting from infection as much as possible, we should attempt secondary suture of granulating wounds. Active and passive motion should be begun as soon after the wound has healed as possible. For this purpose we have many mechanical aids, such as the various forms of pendulum apparatus, the Zander machines, and the ordinary pulley weights.

In conclusion, let me sum up my points as follows:

1. Ample incisions laying bare every corner of the infected area, and counter-incisions to relieve the collateral edema.

2. General anesthesia and a bloodless method of operating wherever possible.

3. The disinfection of an infected wound with strong antiseptics, etc., is of little avail, and may do great harm.

4. We should place most dependence upon free drainage, moist dressings with the use of mild antiseptics, and no powders,

the latter not until granulation is well established.

5. Absolute rest and elevation of the infected area.

6. After-treatment by secondary suture and early active and passive motion.

7. General treatment. Strychnine, whiskey, and attention to the excretory organs.

William E. Schroeder, of Chicago: Mr. President. I want to compliment Dr. Eisendrath on his paper. The subject is an enormous one, and to attempt to describe it in a twenty-minute paper is altogether too much to expect. We are indebted to Bardenheuer for his work in 1885 on infections of the hand, which has been one of the principal foundations of our work. I wish to confine what I have to say to the infections of the hand.

These infections may be divided into the superficial and deep varieties; those of the cutaneous and subcutaneous types of infection may be peritendinous, periosteal, osteal, or arthritic. When we have infection of the finger, involving the skin and everything else, we call it pandactylitis. When infection occurs at the end of the finger, we do not have an involvement of the tendon, consequently the infection here would be relatively benign and insignificant unless it should extend down to the base. When it occurs in the skin and extends down to the tendon, first becoming peritendinous, there is immediate danger of death of the tendon because the blood supply is through the tendonae vinculum. From here on, it travels underneath the palmar fascia into the palm of the hand. When we get infection of the palm of the hand, on account of the elastic fibers as well as the lymphatics running at right angles to the long axis of the hand, it is apt to burrow deeply. When occurring on the dorsum of the finger, the infection travels upward; it does not get into the tendon, but travels rapidly to the dorsum of the hand because the fibers run in a longitudinal direction.

I agree with what Dr. Eisendrath has said excepting as to early operations. If we desire to do anything in a case of infection near a tendon, a joint, or the palmar fascia, or underneath it, we should make a free incision and establish drainage. Then, we have done all we can do. I never pack. When we pack, we dam up the secretions. On the contrary, we should drain.

The use of strong antiseptics is to be condemned, for it has been shown by making wounds experimentally in the gluteal regions of dogs, treating one side with strong antiseptics, the other side with nothing, that the latter did much better than the other side. I have never had any reason to regret the non-use of strong antiseptics or, for that matter, none at all, provided free drainage was estab-

lished, and a wet dressing of hot or cold boric acid applied. I do not think boric acid does so much good, but it is the heat or cold, whichever you apply.

Franklin E. Wallace, of Monmouth: I enjoyed this paper very much because it dwelt with a subject which is of common occurrence to us. We have these cases of infection coming to us every few days, and in most of them we ought to make free and early incisions. We can get much better results by so doing than by poulticing either with flaxseed or by applying boracic acid powder or any other dressing we may see fit to use, because it will do no good. If we make a free incision and establish drainage, we will get results in a few hours that we could not get in any other way. A wet boracic acid dressing or normal salt solution will do more good in these cases than any form of powder we may use. I have come to use powders but little in these cases, as I find that they scab over and dam up the secretions, and we do not get the drainage we should have and proper healing.

St. Elmo M. Sala, of Rock Island: I have enjoyed the paper very much. I cannot agree with the gentleman who referred to non-packing. I think that is a very necessary procedure. I do not quite agree with the gentleman who says that we dam up the secretions. If the dressing is properly packed, it will drain. If there is much pus, I rather favor the application of a wet bichloride dressing, 1-1000, covered with mackintosh. I also think, where there is extensive inflammation, it is good treatment to make free incisions in several places. If we have a felon, with a badly inflamed hand, the inflammation extending up the wrist, my policy would be to incise the hand in four or five places on the back and at the seat of the felon, apply a wet dressing, and invariably we will save the hand, whereas if we simply made one incision at the site of the wound, it might require a secondary operation.

A. K. Van Horne, of Jerseyville: The gentleman has omitted one important aseptic agent in this interesting paper, and that is hot water. Water made aseptic by boiling and then cooled to the point of toleration, has a comforting and healing effect on a limb immersed in it, not only washing out the pus but relieving pain.

I have had excellent results in treating malignant pustule of the finger by immersing the hand and fore-arm in water thus prepared. In this case the lymphatic glands of the arm and axilla were swollen and painful. The pain was always relieved by a few minutes immersion in the boiled water. By repeating this as the increase of pain indicated, say every four hours, the patient was relieved without the necessity of an operation.

The paper of Dr. Eisendrath was very interesting, also the discussion, but I could not refrain from mentioning the use of hot water in these cases.

George M. Peairs, of Joliet: I have had experience with a number of cases of infected wounds, and I have found that in cases of mild infection I have obtained excellent results from

the use of one part of alcohol, and four parts of a saturated solution of boric acid. This is used as a wet dressing. I have likewise had good results from a five per cent. solution of carbolic acid.

I wish to endorse the remarks of the essayist with reference to freely opening the wounds and using pure carbolic acid, followed by pure alcohol.

W. P. Walker, of Mason City: I believe we can use carbolic acid in any solution in water without being injurious to the tissues. In a case of deeply formed abscess of the hand or arm, or in the class of cases under discussion, if you want to use anything that is absolutely perfect, I know of nothing better than campho-phenique. It is powerful and non-irritating. It is a perfect antiseptic.

D. W. Eisendrath (closing the discussion): The essential point in connection with the dressing of these cases is not to pack too tightly.

In regard to the use of hot water, I cut out that portion of my paper thinking it would make it too long. Why not endorse warmly the use of baths and continuous irrigation for cases of severe sepsis? In one hospital in which I served for four months, and was in charge of the septic ward, we had a large number of cases, and special baths were constructed, filled with hot water twice a day, and the patients hands immersed in these baths in the horizontal position.

In regard to the use of alcoholic solutions of boric acid, I did not give the formula, but simply stated 1-1000 salicylic acid solution. I use a solution containing sixteen grains of salicylic acid to two ounces of alcohol. The acid will dissolve in alcohol in smaller proportion than any other solution. I have the patients dress themselves once or twice a day in the minor degrees of infection, and take that solution, a teaspoonful to half a glassful of hot water, which makes one to one thousand solutions. It is immaterial whether we use carbolic acid or campho-phenique. I have sometimes used salt solution, in other instances plain water. I used plain water in one case and got as good results as with the solutions. As to the use of bichloride, we do not know the idiosyncrasy of the patient for it. In some cases we will get a violent inflammation of the skin from the use of bichloride, owing to the idiosyncrasies of patients.

RECENT DEVELOPMENTS IN OUR KNOWLEDGE OF CANCER OF THE UTERUS.*

BY EMIL RIES, M. D.,

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It is a generally accepted truth that carcinoma of any portion of the body

*Read at the Fifty-first Annual Meeting of the Illinois State Medical Society, Peoria, May 21, 1901.

spreads, as a rule, along the lymphatics. This is so universally considered a firmly established rule that it has become the guiding principle in almost all operations for carcinoma. The surgeon who would disregard pathology so far as to neglect the regionary lymphatics in any operation for carcinoma of the breast, the lip, the tongue, the vulva, or the penis, would lay himself open to very general criticism and would be thought to jeopardize the lives of his patients even more than his reputation. In recent years the lymphatic involvement in cancer of the intestinal tract has justly received similar attention, and it is advised by the best authorities to remove the lymphatics wherever possible with the cancer.

If we turn to the uterus, the organ which, according to the largest statistics, is the primary seat of the disease in about one-third of all cases of cancer, we are confronted with a most remarkable condition of affairs with regard to the lymphatic involvement. Up to 1895 it was taught in all text books that involvement of the lymphatic glands in cancer of the uterus was, firstly, altogether rare, and, secondly, never, or hardly ever, to be found as long as the case was at all operable. It was well enough known that cancer of the uterus progresses along the lymphatic vessels in the uterus as well as in the broad ligaments and the appendages. But its spread to the regionary lymphatic glands was either denied absolutely or it was stated that it did not occur until the case had reached the final stages. Accordingly, the operations for cancer of the uterus practised prior to 1895 paid no attention whatever to the lymphatic glands.

When I published my new method of operation for cancer of the cervix in 1895,¹ I had as a working basis only the anatomical researches of Poirier and his predecessors, some anatomical and experimental researches of my own, and a meagre number of incomplete and unsatisfactory pathologic reports by Wagner, Blau, Dybowski, Winter, and others. Comparing these with the results of the so-called radical

operations for cancer of the cervix as practised before 1895, I arrived at the conclusion that it must be possible to improve the efficiency of these operations by extending the extirpation of tissues not only to the ligaments of the uterus, but even to the regionary lymphatics.

In the six years which have elapsed since my first paper, quite a literature on this extension of the operation for cancer of the cervix has sprung up, and almost every issue of the most prominent scientific journals brings new articles bearing on this question. The technique of the operation has so far received the greatest attention, and numerous important and unimportant modifications have been recommended and rejected. The operation has been ridiculed, praised, and condemned. One who first shrugged his shoulders when the operation was mentioned to him has subsequently become its most ardent advocate; another, who at first would have liked to be its godfather, has abandoned it. In short, there has been the same process of evolution through which every new idea has to pass while it is struggling for recognition.

I am not going to speak to you about the operative details. The operation is not one for the general practitioner, not even for the occasional surgeon who does his ten or fifteen laparotomies a year. The operation is the most difficult and extensive one that can be done in the whole domain of gynecology, and will for some time to come belong to the specialist with a fully-equipped hospital and well-trained assistants. Therefore I shall not discuss any operative niceties, but I shall give you a short review of the advance in our knowledge of cancer of the uterus as it has been gained by the hard work of the apostles of this operation.

I have had experienced practitioners tell me again and again: "What is the use of our making an early diagnosis and having the cases operated upon immediately? They recur anyhow!" Such statements from the matter-of-fact practitioners show

a widespread feeling of hopelessness in the profession. But our recent researches promise some comfort, because they show the reason why in so many cases cancer recurs and how much we can do toward the prevention of the recurrence. Do not believe, please, that we can now cure all cases that hitherto have been considered hopeless, inoperable. That is not the case by any means. The advance which has been made is only in the line of improvement of the prognosis in early cases, and does not relieve you by any means of the imperative duty of making a timely diagnosis.

I have to restrict my discussion to cancer of the cervix and the glandular involvement accompanying it, because we know almost nothing of the glandular involvement in cancer of the body.

The anatomy of the lymphatic glands which drain the cervix uteri has in recent years been worked out by Poirier, Peiser,² and Bruhns,³ the three authors agreeing on the main points. The glands which we have to consider are located in the broad ligaments, along the internal, external, and common iliac vessels, over the obturator foramen, and on the anterior aspect of the sacral bone. Before 1895 there was practically no pathology of these glands. Since then an unexpected wealth of morbid conditions of these glands has been revealed to us, and questions of the greatest theoretical as well as practical importance have been raised. The statements which I am going to submit here are the results partly of my own work^{4,5} and partly of that of Wertheim,⁶ Broese,⁷ Von Franque,⁵ Wuelfing,⁹ Cullen,¹⁰ König,¹¹ and Funke.¹²

It is not always an easy task to find cancer in the glands. Where the entire gland is not involved it is often impossible to tell with the naked eye where to look for cancer, and nothing remains but to examine series of sections. In order to make absolutely sure that there is no cancer, it is absolutely necessary to cut all the glands in complete series and to look

through all of them. This means a very considerable amount of work. In one of my cases I had to look through seven hundred sections before I found one with cancer. A good many investigators did not go to so much trouble, and their results are therefore useless if they were negative (as, for instance, those of König and Von Franque). Again, where, as some operators have done, only one or two glands have been removed and found free from cancer, this does not prove anything for our discussion (Broese's case, two of Von Franque's cases, some of Wertheim's). The size of the glands, their hardness, their color may be suggestive, but they are never full evidence. Enlarged glands may not contain any cancer, and apparently normal-sized glands may be full of cancer nests.

Cancer has been found in the glands by myself, Wertheim, Cullen, Funke (the latter gives no detailed microscopic report). Each one of us has one or several cases where the glands were found carcinomatous, though the uterus was so freely movable that the case before 1895 would have been considered a very hopeful one after vaginal hysterectomy.

The carcinoma found in the glands is a faithful reproduction of the original carcinoma in the uterus—that is to say, it is squamous-cell carcinoma where the carcinoma of the cervix is a squamous-cell carcinoma, and it is of the columnar type in the glands where the carcinoma of the cervix is of that type. Where the carcinoma originates in the body of the uterus and extends downward so as to involve the cervix, metastases of the type of the cancer of the body occur in the glands which drain the cervix, as in a case described by Cullen. Where carcinoma of the body is limited to the body, the glands draining the cervix may be free, and were found so in a case of mine.

The cancerous lymphatic glands may break down in their centre and then contain a grumous mass. This mass may become purulent, and thereby an abscess may

be formed surrounded by a shell of carcinomatous gland tissue. This abscess may burst into the peritoneal cavity and give rise to peritonitis and death of the patient after the patient has recovered from the hysterectomy (as in a case reported by Wertheim).

Besides the cancer other epithelial formations may be found in the lymphatic glands which were totally unknown before I described the first case of this kind. The observation has since been repeated by Wuelfing and Von Franque. In cases of squamous epithelium cancer of the cervix, epithelial ducts with typical columnar epithelium occurred in the lymphatic glands, which, in Wuelfing's and my case, were associated with adenomyoma of the uterine horns. I therefore offered as an explanation that remnants of the Wolffian body, which had led to the formation of the adenomyomata according to Recklinghausen's¹³ theory, were also responsible for these ducts in the lymphatic glands. Von Franque reports a similar case. Wertheim made the same observation, but believes that in his case the ducts originated in the columnar epithelium carcinoma of the cervix. As Wuelfing's, Von Franque's, and my own cases were of squamous epithelium cancer (my case presents beautiful and typical epithelial pearls in the cervix), this explanation of Wertheim's cannot hold good for these three cases.

Enlargement of the glands has been observed by a number of investigators without the presence of cancer in the glands. In these cases the enlargement was, as a rule, associated with a septic ulcerative process in the cancerous growth and presented under the microscope the appearance of a hyperplastic process, but it is not necessarily always present where there is ulceration of the cancerous growth.

Other important data are the following:

Glands have been found cancerous when they were no larger than normal glands. Cullen reports and gives a picture of a gland not larger than five millimetres in diameter, but containing cancer.

Large glands may contain only hyperplastic glandular tissue or cancerous tissue, or a mixture of both.

The size of the cancer in the cervix is in no regular proportion to the size of the affected glands. In one of my cases the cancer of the vaginal portion was not larger than my thumb-nail, but the largest cancerous gland was larger than a pigeon's egg.

The cancerous glands are sometimes firmly adherent to the large blood vessels, especially the veins, and the adhesions may be so firm that in the attempt to remove them the blood vessel is torn into, as has happened to Wertheim, Funke, and myself. This firm attachment of the glands to the blood vessels is probably due to cancerous invasion of the vessels.

What used to be diagnosed as infiltration of the broad ligaments may simply be a large cancerous gland in the broad ligament, as in one of my cases.

Neither the number nor the size of the involved glands can be predicted from the size of the cancer in the cervix.

The majority of the glands cannot be felt without opening the abdomen, even if they are involved. Even after the abdomen is opened it is necessary to split the peritoneum over the large blood vessels and to dissect these free in order to see and remove all of the glands. In view of the fact that small and soft glands have been found to contain cancer, the statements of some authors to the effect that there were no glands or that none could be felt are worthless.

The percentage of cases in which glands are involved cannot yet be stated definitely.

I have made this review as short as possible and have not entered into any details, but I think sufficient has been said to enable me to draw a few very conservative conclusions:

1. Glandular involvement in cancer of the cervix does not materially differ from that in cancer in other regions of the body.

2. An operation for cancer of the uterus in which cancerous glands are removed

gives the patient an increased chance of complete cure.

3. Extensive glandular involvement contraindicates all but palliative treatment.

4. The necessity of early diagnosis of cancer is not done away with by the extended operation, but must be emphasized again and again.

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THE CLINICAL LABORATORY IN PRIVATE PRACTICE.*

BY C. MARTIN WOOD, M. D., DECATUR.

Its place in the practice of medicine today. Why more physicians do not make use of a laboratory. Its value not appreciated, especially its practical value. Time and cost. No training in laboratory methods. How these can be overcome. Advantages to a physician. As a student; as a practitioner—examples. Scope of a complete laboratory. Conclusion. Reports.

Year by year laboratory methods assume a more prominent place in the practice of medicine. To them is due in large part the wonderful advance in medical science during the last quarter of a century. If we scrutinize the work of the leaders in medical thought and progress during this time we find that much of the time was spent in careful and exhaustive research. The results of their labor have been published and everyone may make use of the numerous aids to diagnosis that are now available to the laboratory worker.

More than six years ago Reeves, in his Medical Microscopy, says: "The time has now come when all progressive physicians and surgeons, general practitioners and

specialist alike, must either themselves possess sufficient skill in microscopic technique for the faithful and proper discharge of the high obligation which rests upon them in the diagnosis and treatment of diseases, or else be able to command the ready service of some accomplished microscopist and pathologist to do such necessary work for them. In no other way can they conscientiously perform their duty to those whose lives are placed in their hands and fully meet all the reasonable requirements of advancing medical science." This could be said with even more emphasis today as a number of important reactions have been discovered within the past six years. Notwithstanding these facts how many there are that fail to make use of even the best and simplest of laboratory examinations. Dr. Dock, in his address before Section I of the A. M. A. last year, said: "Perhaps few fail to make use of tests for albumin in cases in which certain diseases are suspected, yet as a routine measure they are often omitted. As to casts and also other substances in the urine such as pus, blood, and pathogenic bacteria, many physicians are as if these things had never been." To inquire into the cause of this condition and to suggest a remedy is the object of this paper.

I have seen it stated that the principal objection many physicians have to the laboratory is its cost. I believe that the principal reason is that they do not appreciate its value, especially from a practical standpoint. As a rule, if a physician is convinced that a thing will be of decided benefit to him he will get it regardless of expense. As other objections we have—the cost of equipment and maintenance, and the time required to make the examinations. Another and perhaps the hardest to overcome is the fact that many physicians have had no training in laboratory methods.

When the practical value is made more manifest the physician will better appreciate the other advantages. If it can be demonstrated that diagnoses can be made

*Read at the Fifty-first Annual Meeting of the Illinois State Medical Society, Peoria, May 21, 1901.

and cases cleared up by the use of laboratory examinations that could not otherwise be made, then the progressive physician will realize that he cannot get along without them. The cost of equipment for making the simplest examinations is not very great. The first cost seems large, but when we consider that most of the apparatus, including the microscope, will last for years, the cost per year will be quite small. The apparatus necessary, including enough reagents for a year's work, can be purchased for \$200. The microscope should not cost very much under \$100, and should have good lenses, however plain the stand. The running expenses of the laboratory need not exceed \$25 per year, and by careful management can be kept below that amount. Dr. Cabot has said that his laboratory in the Massachusetts General Hospital is maintained at an expense of \$30 per year.

The time required is of course to some a serious factor, yet the busiest men have found time to do extensive research work. Generally speaking, when a physician's time is entirely taken up by his practice he is in a position to have assistance or send his laboratory examinations elsewhere.

Through practice routine examinations of urine and sputum can be carried through very quickly. Blood counting and bacteriological work require more time and can only be well done when free from interruption. For the physician who has had no training in laboratory work and for the one whose time is entirely taken up, some other plan is necessary that they may get the benefit of laboratory examinations.

In the large cities this question has already been solved by the introduction of private and municipal laboratories, beside those connected with the hospitals and colleges. To these places the busy physician may send his specimens and have careful examinations made. In the smaller cities and towns and in the country there is a different state of affairs. Here the physician must either do the work himself, give it to a rival practitioner, or do without. Too often he does the latter. There are

several ways in which these difficulties may be overcome.

One plan which is especially applicable to those practitioners who are too busy to do their own laboratory work is that of having an assistant who may be an undergraduate, temporarily compelled to stay out of school a year, or a recent graduate desiring to gain more experience and a few dollars before starting out for himself. This arrangement would be mutually beneficial. The physician would become familiar with any new laboratory methods introduced since his time, and have his interest in clinical examinations quickened. The student, or young practitioner would acquire many practical points, see many cases that are rarely seen in the hospitals but are common in private practice, and profit by the years of experience of his preceptor. Nearly all the leading teachers in our medical schools admit that the present system of instruction is not entirely satisfactory. Many also believe that the old system of preceptor and pupil had much to recommend it. By the above method the relation of pupil and preceptor would be established with the additional advantage that the pupil would have three or four years at the medical college.

Another plan has been so ably set forth by the Philadelphia Medical Journal in an editorial that I cannot do better than quote. It says: "One of the great drawbacks to advanced scientific work throughout the whole country is the absence of laboratory facilities in our smaller cities and towns. There is a very simple method of obviating this drawback which will require just a little unselfishness at first among some older and busier practitioners. In almost every such neighborhood there is some young and ambitious fellow who has given special study to bacteriology and microscopy. Of course every doctor ought to know a great deal about the microscopic appearance of urinary deposits and something about the methods of cultivating and staining bacteria. But every doctor cannot hope to be even reasonably expert in these lines, therefore let

the older and more busy men in every community make it a point to choose some one capable and conscientious young man to help him along by recognizing his work in these lines. Send the urine analyses and sputum examinations to him whenever the patient is able to pay for such service. In the end it will be found that the aid rendered by such a competent young man will far more than repay for all the fees that go into his pocket. The scientific character of the work of every general practitioner associating himself with such an assistant will be elevated." (Vol. V., p. 650.) Which ever method is followed it is important that the one undertaking laboratory work should have a fair degree of skill and experience. Laboratory work in its widest sense has become a specialty and one must devote special attention to it to become an expert. The physician receiving reports of laboratory examinations must add them to his knowledge of the condition of the patient to make a complete clinical picture. When time permits, the physician may interest himself in making original investigations and trying to solve any of the problems in physiological chemistry that are as yet unsolved. One is inclined to think that these questions can only be solved in the universities and large hospitals, but there is no reason why many of them could not be investigated in a small private laboratory. Prof. Koch while holding the obscure position of a medical officer of health, made his investigations on the nature of anthrax and other infectious diseases, in his residence in the small country town of Wollstein. Many other similar instances might be cited.

Private practice offers better opportunities for studying some diseases than hospitals. Statistics of series of cases of typhoid, diphtheria, measles, etc., treated in private practice are always instructive, because it is under just such conditions that the majority of physicians must treat these cases. Such reports are not as numerous as they should be, and largely because many practitioners are not able to

make complete reports on account of lacking blood, urine or bacteriological examinations. As a practitioner the advantages are more in the line of material benefits. The physician is justified in charging a higher fee in cases which demand laboratory examinations. The number of obscure cases cleared up by means of laboratory examinations will add materially to his reputation. Instances in which puzzling cases have been cleared up immediately by the aid of laboratory methods are innumerable. The following cases will serve to illustrate this. Three of these cases were seen by Dr. Brown in consultation, and I had the opportunity of making the microscopical examinations. Two others came under my own observation:

Case I. Mrs. G. Sent from the country to the hospital with diagnosis of ovarian tumor. Examination revealed a tumor completely filling left half of abdomen and extending under ribs, continuous with splenic dullness. Fresh blood spread showed enormous increase of leucocytes and a count gave 248,000 leucocytes per cu. m. m. A differential count showed it to be a case of splenic myelogenous leukemia.

Case II. Baby H. Age 3 years. When first seen had been sick two weeks with recurring attacks of convulsions. Right side completely paralyzed—aphasia present—fever. Fresh blood preparation showed numerous malarial plasmodia, 4 in 700 r. b. c. Double crop of tertian parasite. Under quinine the convulsions ceased at once and complete recovery occurred in four weeks.

Case III. Mrs. J. Gave a history of eczema of vulva for two or three years. Has been in bed for ten days with fever and patches of cellulitis on arms and legs. They start as abscesses and clear up under poultices. The urine which had not previously been examined, showed 8 per cent sugar.

All of these cases would easily have been diagnosed correctly by the physicians who

first saw them, had they made use of the examinations which were indicated.

Two other cases illustrated in a striking manner the necessity of making repeated examinations for tubercle bacilli in suspected cases.

Case I. Mr. N. Age 25. First saw patient at midnight November 13. He had been sick for three days. At this time he suffered with severe pain in the left side and shortness of breath. T. 101.2. P. 112. R. 60. There was lessened movement over the whole left side, dullness and decreased vesicular breathing.

Nov. 15. T. 101. P. 116. R. 42:

Nov. 16. T. 101. P. 112. R. 44. Dyspnoea and pain are slightly less.

Nov. 19. T. 99.2. P. 86. R. 34. Crepitant rales present.

Nov. 28. T. 102. P. 110. R. 28. Coughs much in morning. Dullness still persists over whole of left lung, vocal fremitus increased.

Dec. 15. T. 100. P. 104. Cough continues. Has lost weight.

Dec. 27. Had a sudden discharge of pus from lungs following a feeling as if something had given away.

Jan. 6. T. 98.4. P. 92. From this time continued to improve and gain in weight. During the whole month of December constant cough and expectoration and rapid loss in weight caused a suspicion of tuberculosis, but as repeated examinations failed to detect any tubercle bacilli a favorable prognosis was given.

Case II. Mr. H. Age 20. Clerk in store. Sept. 16th took cold in bathing. T. 103. P. 96. R. 20.

Sept. 20. T. 100.8. P. 96. R. 26.

Sept. 21. T. 102.5. P. 100. R. 28. Right lower lobe solid. Urine acid, S. G. 1020. Albumin and sugar negative. Diazo positive. Chlorides 8 %.

Sept. 24. T. 102.5. P. 110. R. 26. Cough not painful but nauseating—no expectoration.

Sept. 30. T. 99.4. P. 100. R. 18. Great improvement. Bronchial breathing distinct over lower lobe. Subcrepitant rales.

Oct. 5. T. 99.9. P. 99. R. 19. Rale redux, bronchial breathing, dullness on percussion.

Oct. 21. Has had a phlebitis of left leg for last three days.

Nov. 9. For last 10 days has shown afternoon temperature of 101 to 103, with pulse 110 to 120, with chilly sensations in morning and sweats at night. Right lung shows dullness over back corresponding to lower lobe. Hypodermic puncture at 7th interspace shows no fluid.

The sputum was examined carefully on Nov. 10, 12, 20, 23, 28 and Dec. 3. All were negative until Dec. 3, when tubercle bacilli were found in each of three separate stains. The progress of the case up to this time was strikingly similar to the one just cited and a cheerful prognosis had been given up to the discovery of the tubercle bacilli. Had we been content with two or three examinations for tubercle bacilli, the true nature of the disease process might not have been discovered for weeks later.

Aside from those examinations, which like the ones used in the above cases, give a positive diagnosis, there are many others which assist in making a diagnosis or throw light on some feature of the disease process. Among these are: The diazo reaction, which while not limited to typhoid fever, is found much oftener in this than in any other disease; examination of stomach contents to ascertain the acidity and digestive power of its secretion; determination of leucocytosis, the presence of which always indicates suppuration; the quantitative estimation of urea, phosphates, and chlorides to determine the possible existence of interstitial nephritis.

A clinical laboratory in order to be well equipped should include materials and apparatus for making the following examinations:

Urinary examination. This should include qualitative and quantitative tests for sugar and albumin; also tests for bile, indican, acetone, and diazo reaction; estimation of urea, sulphates, phosphates, and

chlorides; microscopical examination of the sediment.

Blood examination. This includes estimation of hemoglobin, counting the red and white cells and the microscopical examination of fresh and stained specimens.

Stomach contents. This includes tests for and quantitative estimation of HCL, free and combined; tests for pepsin, lactic acid, rennin; and the microscopical examination of the sediment for yeast cells bacteria, etc.

Bacteriological examination. This should include the examination of sputum and secretions; life culture of germs from the throat or tissues; widal reaction.

Pathological examination. This includes the examination of fresh material; hardening, imbedding, cutting and staining of tumors and specimens taken post-mortem.

In connection with the apparatus the laboratory should be provided with a small library pertaining to laboratory work. I have found the following very useful both for reference and study: Purdy—Urinalysis and Urinary Diagnosis. Simon—Clinical Diagnosis. Cabot—Clinical Examination of Blood. Vierordt—Medical Diagnosis. Reeves—Medical Microscopy. Practical Examination of Urine. Warthin—Practical Pathology. Novy—Laboratory Notes in Physiological Chemistry. Holland—The Urine, gastric contents, common poisons and milk. Abbot—Principles of Bacteriology. Herrick—Medical Diagnosis.

While making routine urine examinations special records were kept of the occurrence of the diazo reaction in febrile diseases and of the percentage of chlorides in pneumonia. In 356 examinations, albumin was found in 78, pus in 21, and casts in 35; the remainder were normal. The tests for the diazo reaction gave the following result:

	Positive.	Negative.
Typhoid.....	20	3
Grippe....	7	6
Pneumonia (lobar)....	1	7

Phthisis.....	3	9
Scarlatina.....	0	5

All of the cases of grippe included in the report were of the gastro-intestinal type, with continued fever lasting from 14 to 28 days; no abdominal soreness was present. In three of the cases giving a positive diazo reaction the Widal test was negative at the 7th, 13th and 21st days. Malaria was excluded by the blood examination.

The chlorides in the urine were estimated by means of the Purdy electric centrifuge. The percentage in normal urine ranges from 10 to 12 per cent.

The highest percentage in cases of pneumonia was $7\frac{1}{2}$ per cent; lowest, 1 per cent. Average, 3 2-3 per cent.

Discussion.

Dr. James B. Herrick, Chicago: Mr. President. I am sure, as the essayist has said, that the time has come when every progressive physician must depend very largely in his work upon the so-called laboratory method of diagnosis, and as the time of the physician becomes more and more occupied, he must depend also either upon his own assistants or upon the assistants of some public or semi-public laboratory.

I would heartily approve of the statements made by the essayist, and yet, it seems to me, there is perhaps a certain danger that we should think of in this connection. The farther away from the physician, the laboratory investigation is made, the greater is the danger that mistakes and errors in judgment will occur. The closer this work is done under the direct supervision and observation of the physician who is in charge of the case, the more accurate will be the work. To illustrate what I mean: Suppose we send a specimen of urine to a laboratory and the report comes back, as it does so frequently, that there is blood in the urine, it may mean a great deal, or it may mean very little. It may mean that there was a visible sediment of blood, or the microscopist in searching through many fields was able to discover two or three red blood corpuscles, and the interpretation or meaning of this finding may vary very much according to the number of red blood corpuscles found and according to the amount of blood. If this work is primarily carried on under the observation of the physician, he controls the work and is not led to false conclusions. In the same way, reports come from laboratories showing that specimens of urine contain "hyaline casts;" at other times, "a few hyaline casts" are said to be found. What does the physician understand when he reads such a report as that? It may mean that hyaline casts are present in abundance; it may mean that after using a centri-

fuge and searching carefully, two or three hyaline casts have been found. So I would say, the more intimately the laboratory and the physician are related, the less is the danger of mistakes, and the less the danger of wrong interpretations.

Again, I can see a certain danger in having the laboratory and the physician separated, in this respect: If the physician begins to depend absolutely upon the laboratory, he is bound, sooner or later, to fall behind and to fail to understand the chemical reactions, the bacteriological technique that is referred to in the laboratory reports. The only way in which the physician can keep this work is either to do it himself, or have it done directly under his own eye. If that is done, then he will keep in touch with this work along with his assistant, and be able to interpret correctly the findings of the laboratory.

There is one other point I would like to mention. I think all of us at times are forced to make our clinical diagnoses against the laboratory diagnoses. We get a report from two or three specimens of sputum in which no tubercle bacilli are found, and yet from the physical examination of the patient, from the subjective symptoms, we are led to believe that the patient has tuberculosis. Again, a culture is made from a suspicious-looking throat, and the report is given that no diphtheria bacilli are found, and yet we know from clinical experience, from the rapidly-spreading exudate, the enlargement of glands, the elevation of temperature, etc., that the patient has diphtheria, and we are forced to make a diagnosis of diphtheria in spite of the report that comes from the laboratory. There is the danger that we may depend utterly and absolutely upon the laboratory report to the exclusion of the ordinary methods of physical examination. In short, the point I have sought to bring out is that the laboratory work and clinical work must not be separate. The more closely related they are, the better will be the results.

Dr. Wood (closing the discussion:) I agree with **Dr. Herrick** in thinking that the best plan would be to have the physician keep in close touch with the laboratory, although sometimes that cannot be done. But it should be done as nearly as possible. The clinician should always supervise the laboratory work, and when his clinical findings do not correspond with those of the laboratory, he should hold to his own convictions whenever he can consistently do so. The clinical and laboratory findings should be contrasted, and then a diagnosis made from a combination of the two.

THE LAST CHAPTER.

J. J. Firey, a well known local character of Taylorville, was taken to the poor farm recently. He is a graduate of Rush Medical college and once had a greater practice than all the other physicians in the city combined. Drink caused his downfall.

ILLINOIS STATE MEDICAL SOCIETY.

Minutes of Proceedings of the Fifty-First Annual Meeting, Held at Peoria, May 21, 22 and 23, 1901.

Second Day—Afternoon Session.

The Society reassembled at 2 P. M., and was called to order by the President.

The First Vice-President announced as the Committee to consider the recommendations contained in the President's Address, **Drs. Ingals, Chairman, Matheny, Griffith, Patrick and Maunnen.**

Section Two.

Called to order by the Chairman, **Dr. M. L. Harris**, of Chicago. Secretary, **Dr. W. F. Grinstead**, of Cairo.

The Address of this Section was delivered by **Dr. Fernand Henrotin**, of Chicago, who selected for his subject, "Surgery and Sex."

Dr. Henry T. Byford, of Chicago, read a paper on "Conservative Operations upon the Uterine Adnexae," which was discussed by **Drs. Ries, Henrotin, Webster, Percy**, and in closing by the essayist.

Dr. P. L. Markley, of Rockford, read a paper entitled "Tuberculosis of the Bladder, with Report of a Case."

Dr. R. R. Campbell, of Chicago, read a paper on "Gumma of the Spermatic Cord, with the Report of a Case," which was discussed by **Dr. Ferguson**.

Dr. George L. Eyster, of Rock Island, read a paper on "Surgical Intervention in Intestinal Perforation in Typhoid Fever," which was discussed by **Drs. Halstead and Schroeder**.

Dr. J. F. Percy, of Galesburg, followed with a paper entitled "Glioma of the Brain; Recovery from the Operation, and Report of the Present Status of the Patient."

The paper was discussed by **Drs. Patrick, Wilder, Beck**, and in closing by the essayist.

Dr. Daniel N. Eisendrath, of Chicago, contributed a paper on "Infection in the General Surgical Sense," which was discussed by **Drs. Schroeder, Wallace, Sala**,

Van Horne, Pears and Walker, and closed by essayist.

Dr. Emil Ries, of Chicago, read a paper on "Recent Developments in our Knowledge of Cancer of the Uterus," which was discussed by Drs. Watkins, Ferguson, and the discussion closed by the essayist.

On motion, the Society adjourned until Thursday morning, at 8:30 o'clock.

Third Day—Morning Session.

The Society met at 8:30 A. M., and was called to order by the President.

The Secretary read a letter from the Secretary of the Physicians' Club of Chicago, dated March 13th, relative to the case of Dr. N. H. Henderson, of Chicago, who had resigned his membership in the Physicians' Club, and his resignation was accepted by the Club. This, therefore, dropped him as a member of the State Society.

DR. W. O. ENSIGN: Is there any specific law at present that will drop a member from the State Society who drops out of a local medical society?

THE PRESIDENT: There is. Loss of membership in a local medical society means loss of membership in the State Society.

DR. C. B. REED: Do I understand that loss of membership in the Physicians' Club disqualifies Dr. Henderson from membership in the State Society?

THE PRESIDENT: Yes, sir.

DR. REED: I understand that Dr. Henderson is now a member of the Chicago Medical Society.

THE PRESIDENT: He may be, but he became a member of the State Society through the Physicians' Club. We have members who belong to several local medical societies, and yet have lost membership in the State Society. Undoubtedly some provision ought to be made to cover this matter.

The Secretary then read the report of the Nominating Committee, as follows:

Report of the Nominating Committee.

See list of officers printed in June issue.

THE PRESIDENT: What will you do with this report?

DR. H. M. STARKEY: I move that the report be adopted. Seconded.

DR. W. O. ENSIGN: By an unintentional error Dr. Arthur R. Edwards was placed on the Committee on Society History. According to the By-Laws, only members who have practiced medicine for forty years can be appointed on this Committee. The report needs to be corrected in that respect.

THE PRESIDENT: The correction will be made. The report of the nominating committee was then adopted as corrected.

THE PRESIDENT: I will announce as the committee of five to prepare a revision of the Constitution and By-Laws, in conformity with the recommendations contained in the report on reorganization of the American Medical Association, Drs. E. F. Ingals, George W. Webster, R. H. Babcock, E. E. Clark, and C. B. Horrell, to report at the next annual meeting.

The following telegram was sent to Dr. Jacobi, of New York, relative to the Virchow Fund:

The Illinois State Medical Society amid great enthusiasm has contributed a goodly sum to the Virchow fund.

THE PRESIDENT: We have received from Dr. Jacobi the following response to our telegram: "Thanks to the Illinois State Medical Society for its contribution to the Virchow Fund. Common scientific and humanitarian interests abolish distance and unite nations. Cordial greetings. A Jacobi."

Dr. M. L. Harris, of Chicago, offered the following, which was adopted:

Resolved, That the members of the Judicial Council present to their Secretary the amount of their legitimate railroad, hotel and other expenses while in the service of the Society for payment by the Society, and, further,

Resolved, That the State Society allow an appropriation not to exceed \$200.00 for the expenses of the Council for the ensuing year.

DR. W. O. ENSIGN: I understand that a special committee was appointed a few moments ago to revise the Constitution

and By-Laws. I would call attention to the fact that the last issue of the Constitution and By-Laws of the Society was voted at Galesburg, to be published in the Transactions of that year. No copies have been issued since. I therefore move that the Secretary of the Society be instructed to have printed five hundred copies of the same for the use of the Society and its members. Seconded.

DR. E. J. BROWN: I would amend the motion to the effect that the proposed revision be annexed to the present Constitution and By-Laws. Seconded.

DR. W. O. ENSIGN: I accept the amendment.

The motion, as amended, was carried.

Under the head of Special Committee Reports, Dr. Percy read the following report of the Judicial Council:

Report of the Judicial Council.

The Judicial Council reported that Geo. N. Kreider had been appointed Editor of the Journal.

On motion, the Report was adopted.

Section Two.

Dr. William H. Wilder, of Chicago, read a paper on "Prevalence of Trachoma in the State of Illinois," which was discussed by Dr. Starkey.

Dr. Willis O. Nance, of Chicago, followed with a paper entitled "Purulent Ophthalmia in the New-Born."

Discussed by Drs. Reed, Wilder, Starkey, and closed by the essayist.

Dr. J. E. Coleman, of Canton, read a paper on "Surgical Cell Activity."

Discussed by Drs. VanHook, Sutton, and in closing by the essayist.

Dr. J. Rawson Pennington, of Chicago, followed with a paper on "Rectal Fistula," which was discussed by Dr. Kerr.

Dr. Weller VanHook, of Chicago, reported "Cases Illustrating the Major Plastics of the Head and Neck."

Dr. E. J. Senn, of Chicago, read a paper on "The Operative Treatment of Saddle-Nose, with Report of Two Illustrative Cases."

Dr. A. H. Ferguson, of Chicago, contributed a paper on "Tubercular Glands of the Neck," which was discussed by Drs. Eisendrath, Ochsner, and Kerr.

Dr. Carl Beck, of Chicago, read a paper on "Treatment of Intestinal Fistula by Exclusion of the Bowel," which was discussed by Drs. Kerr, Kreider, and in closing by the essayist.

Dr. William E. Schroeder, of Chicago, read a paper on "Kraurosis Vulvae."

Dr. C. B. Reed, of Chicago, read a paper on "Treatment of Abortion," which was discussed by Drs. Ries, Brown, Brayshaw, and in closing by the essayist.

Dr. E. A. Fischkin, of Chicago, followed with a paper on "Dilating Irrigations in the Treatment of Chronic Gonorrhea with Exhibition of a New Dilating Irrigator."

Discussed by Drs. Eisendrath, Whalen, Ferguson, and closed by the essayist.

Section One.

Dr. A. E. Prince, of Springfield, read a paper entitled, "Suggestive Therapeutics," which was discussed by Drs. Matheny, Brown, Starkey, Horrell, and Cowan.

Dr. James C. Gill, of Chicago, followed with a paper entitled "Some Observations on the Use of Electricity as a Therapeutic Agent."

Discussed by Drs. Prince, Allport, Haines, Hand of White Hall, and Durand.

Dr. Arthur R. Edwards, of Chicago, read a paper on "Diagnosis of Aortic Aneurysm," and Dr. Robert R. Preble one on "Aneurysm of the Aorta of the Recurrens Type."

These papers were discussed by Drs. Bowe, Munson, Shutt, and Webster.

Dr. J. M. G. Carter, of Waukegan, read a paper on "Heart Strain; Its Results and Its Treatment," which was discussed by Drs. Ingals, Matthews and Webster.

Drs. E. Fletcher Ingals and Otto T. Freer, of Chicago, contributed a joint paper on "Mediastinal Tumor."

Dr. W. E. Gilleland, of Coatsburg, read a paper on "The Medical Aspect of Ap-

pendicitis," which was discussed by Dr. C. B. Brown.

On motion, adjourned until 1:30 P. M.

Third Day—Afternoon Session.

The Society re-assembled at 1:30 P. M., and was called to order by the president.

The report of the Special Committee on Recommendations made in the President's Address was read. (See June issue p. 12.)

THE PRESIDENT: We will refer such portions of this report as are concerned with changes in the Constitution of the Society to the Committee appointed for that purpose, and I will entertain a motion to that effect.

DR. E. J. BROWN: I move you, Mr. President, that such action be taken, and that the report be adopted. Seconded and carried.

Dr. C. C. Carter, of Rock Island, offered the following resolution, which was adopted:

Resolved, That the thanks of the Society be extended to the medical profession of Peoria for the excellence of its preparations for this meeting, and to their wives and daughters for the delightful attention showered upon visiting ladies, and to the citizens of the city for their cordial and generous hospitality.

THE PRESIDENT: Is there any other business to come before the general meeting, before we proceed to induct the President-elect into office?

DR. PERCY offered the following resolution from the Judicial Council:

Resolved, That the Illinois State Medical Society in its fifty-first annual session at Peoria, and representing as it does nearly four thousand organized medical men of the State, hereby expresses its appreciation of the action of Governor Yates in recognizing its Judicial Council in an advisory capacity with reference to the medical appointments under the State administration, and constitutes the Chairman of the Judicial Council as special envoy to convey to Governor Yates this manifestation of its approval.

On motion of Dr. Ochsner, the resolution was unanimously adopted.

Dr. Hensley, of Peoria, made a brief report of the amount of money he had received from exhibitors and from other sources, and after considerable discussion it was moved and carried that the report be adopted. A check for \$330.00 was then turned over to the Treasurer of the Society.

Dr. Charles D. Center offered the following resolution:

Resolved, That inasmuch as Section One of the Illinois State Medical Society was greatly accommodated by the generous tender of the Lodge Room of the Elks for the continuation of its section work, and this accommodation enabled the said Section to accomplish more work than at any previous meeting, we hereby tender our thanks to the proper parties on account of their kindness and their generosity. Be it further,

Resolved, That Dr. Hensley, Chairman of the Committee of Arrangements, be instructed to voice, on behalf of the Society, these resolutions.

On motion, the resolutions were adopted.

On motion of the Secretary, a vote of thanks was extended to the Bradley Polytechnic Institute Orchestra for the excellent music rendered at the entertainment on Tuesday night.

THE PRESIDENT: The time has come to bring the proceedings to a close, and prior to so doing, I desire to have the President-elect inducted into office. I will therefore appoint Dr. Carter and Dr. Hurst to escort Dr. McAnally to the stage.

Gentlemen, I take great pleasure in introducing to you Dr. McAnally, of Carbondale, who has been elected President of this Society for the coming year. It gives me great pleasure to welcome him to his new official station, and to tender him his badge of office, and my congratulations on this event. (Applause.)

Dr. McAnally was warmly received. He said:

Gentlemen of the Illinois State Medical Society: I thank you very sincerely for the honor of being chosen as your presid-

ing officer for the ensuing year. I do not misinterpret this action as a personal compliment, for I know it has been considered the best policy in a great State, such as we have, that the profession in different parts of the State be recognized in an official way.

In assuming the duties as your President, I feel that I am not qualified to meet the responsibilities, and undertake the work that will devolve upon me. I congratulate you on the work that has been done during the past year, and upon the excellent meeting which is just closing. I think it has been one of the most successful and most interesting meetings in the history of the Society. There is a great deal of interest in the profession at the present time in medical organization, and a great deal of work has been done in our State in the past year on this line. This work must be continued. We must not allow it to lag during the year that is before us. Our Society is more than half a century old, and perhaps not more than one in ten physicians of our State are members of this organization. We have within our State 102 counties, and less than half that number have medical organizations, so that there is a great deal of work yet to be done, and I know that you will not expect the President and the officers of the Society to do all this work. I feel sure that I will have your sympathy and earnest co-operation in carrying forward this work of organization in the coming year. I do not believe in anti-election pledges, and I am not going to make any promises, but I will say, it is my firm purpose to prosecute the work which has been so well carried on by my predecessors with all the ability that I can command, and I earnestly solicit your co-operation and help in carrying it on. I thank you. (Loud applause.)

There being no further business to come before the meeting, on motion of Dr. E. J. Brown, the Society then adjourned, to meet in Quincy the third Tuesday in May, 1902.

Edmund W. Weis,
Permanent Secretary.

DIXON TRAINING SCHOOL FOR NURSES.

The exercises attending the graduation of the first class were held September 20th. C. C. Hunt delivered an admirable address from which we make the following extract. Lack of space alone prevents the appearance of the whole:

Willingness to do good, to help the sick, to aid the wounded, were motives which actuated men and women farther back in time than history records, but no systematic effort was made to educate people in the art of nursing until the 19th century was far advanced.

Fieldner, it is true, began to instruct the deaconesses in German churches with the view of increasing their efficiency in caring for their sick. This was in 1827. But no school for the education of nurses proper was instituted until in 1860, when a training school for nurses was established in connection with the Saint Thomas Hospital in London. This school was the outgrowth of the necessity for the better care of the sick and the wounded during the Crimean war, when an English lady, whose name will be perpetuated so long as philanthropy is an attribute of the human heart, Florence Nightingale, went on her mission of mercy to the seat of that war, Sebastopol.

The first training school for nurses in the United States was founded in connection with the Bellevue Hospital Medical College, New York City, in 1873. This, too, was the result largely of the manifest want of skilled nursing for our sick and wounded soldiers during and following the War of the Rebellion.

The first training school for nurses in the Northwest was established in 1880, in connection with the Cook County and the Presbyterian Hospitals of Chicago. Twenty-one years ago not a trained nurse could be found in that city; perhaps not one west of the Allegheny mountains. Eleven years ago not a trained nurse had ever set her foot in Dixon. Then one was sent here in care of a sick lady from Chicago. She is here tonight, I am glad to observe.

Today, training schools for nurses are established in connection with the great majority of the hospitals everywhere. There are about 30,000 graduate nurses in the United States. More than this, intelligence offices, supplied with telephones and all equipments necessary for quick communication with nurses, are found in nearly all of our large cities; so that to obtain a skilled nurse, whose qualifications are vouched for by responsible parties, requires the shortest possible limit of time.

The wife and daughter of Geo. W. Glasscock, the leading practitioner of Raleigh, Saline county, were fatally burned at one o'clock in the morning by the burning of their dwelling.

The Illinois Medical Journal.

The Official Organ of the State Medical Society.

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Central Illinois—C. R. Spicer, M. D., Taylorville.
Galva District—C. W. Hall, M. D., Kewanee.
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Military Tract—C. B. Horrell, M. D., Galesburg.
North Central—Geo. A. Dicus, M. D., Streator.
Southern Illinois—O. B. Ormsby, M. D., Murphysboro.
Tri-County—Leroy Jones, M. D., Hoopeston.
Western Illinois—H. H. Chapin, M. D., Whitehall.

URBAN SOCIETIES, EX CHICAGO.

Decatur Medical—C. Martin Wood, M. D.
East St. Louis—W. S. Wiatt, M. D.
Jacksonville Physician's Club—D. W. Reed, M. D.
Peoria Medical—E. M. Eckard, M. D.

CHICAGO SOCIETIES.

Academy of Medicine—J. G. Kiernan, M. D.
Electro-Medical—Richard H. Street, M. D.
German—Karl Doepfner, M. D.
Gynecological—C. S. Bacon, M. D.,
Medical Society—F. X. Walls, M. D.
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Ophthalmic and Otolgical—J. A. Woodruff, M. D.
Orthopedic—Edwin W. Ryerson, M. D.
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Physician's Club—L. H. Mettler, M. D.
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Southwestern—Thos. J. McGonagle, M. D.
Surgical—D. N. Eisendrath, M. D.
West—Gustavus M. Blech, M. D.

All communications should be addressed to the Editor, 522 Capitol Ave., Springfield, Illinois.

The Society does not assume responsibility for any statements or opinions published in the JOURNAL.

The JOURNAL is published monthly. The subscription price is \$3.00 per annum in advance. The JOURNAL is furnished free to the members of the Society.

Entered at the postoffice in Springfield as second class matter.

NOVEMBER 1901.

NATHAN SMITH DAVIS.

The feast and presentation to our venerable colleague on the evening of October 5th at the Auditorium Hotel, Chicago, was an event of more than ordinary interest to the profession of Illinois. While the guest is a national and even an international possession, he is nevertheless the particular property of the people and profession in this state, where he has labored arduously and unselfishly for more than a half century. Here his most notable achievements had their origin and accomplishment, and here he will rest when called from his earthly labors. To

no other one man is the Illinois State Medical Society so much indebted. One year the president and many years the secretary of this organization, he has given days and weeks and years of valuable time and labor to advance the standing of the profession in his adopted state.

His attendance at our meetings has been an inspiration to the other members of the Society. Year after year he has left the most extensive and what might have been the most lucrative practice in the west, if not the world, to journey to our meetings. What a rebuke this course has been to those lilliputian practitioners

who are never able to attend our meetings because of the important cases demanding their exclusive attention.

Once arrived at the city where the meetings were to be held he gave all his time to the important business of the session. No attraction of dining or bodily pleasure of any sort was sufficient to draw him from his place on the first row of seats in the hall, paying strict attention to the reading of papers or the course of business. No paper presented by the veriest tyro was too poor not to receive his reverent attention. How remarkable have been his discussions of the subjects presented, showing that he has kept abreast of the times in the advancement of all departments of medical science. His grasp of the details of medical organization has always been and is now a source of wonder to those who have had the opportunity to converse with him on these subjects. The difficulties which confronted him in the early days of medical organization were indeed formidable and might have discouraged a pioneer less resolute than Davis. Gen. Francis V. Green in writing recently of the achievements of Washington, not only gives him the highest praise as a general, but reveals the poverty and shiftlessness of his soldiers who came and went almost at will. So it was in the earlier days of the medical profession, as was shown by Andrews' remarks at the banquet. Davis, in his language, found the medical profession of America a herd of centaurs, he leaves them a party of gentlemen. The curse of the profession was formerly drunkenness. Davis's firm stand for temperance was a great factor in causing the change. Finally his unselfishness must be mentioned. This has been best shown in

his refusal to grasp the riches which have always been within his reach. His position is best expressed in his own words in closing his remarks when he said: "I would not die worth a hundred millions of dollars; I should be afraid I had not done my duty." We close this all too short and imperfect tribute to the admirable Davis with the wish that he may long be spared to his family, his profession and his world.

ACROMEGALY AND THE HYPOPHYSIS CEREBRI.

Although Acromegaly is not a common disease its clinical features are so striking that cases are often recognized at a glance. The long oval and stolid face, the length-ended and frequently prognathous chin, the increased prominence of the supra-orbital and malar eminences and the thick lips and retreating forehead form all together an appearance which compels one to immediately search for enlarged extremities; the "battle-dore" or "spade-like" hands and truly voluminous feet complete a picture that leaves no doubt as to its nature. Since Pierre Marie in 1885 announced this disease from cases observed in the Saltpetriere of Paris and gave it the name it now bears, its symptomatology has received only trivial additions. The strange objective alterations no less than its variety have maintained a constant interest in this disease, but certainly the attention it has received has been in a large part due to the supposed connection between the changes in the bones and lesions of the pituitary body.

With the steadily increasing observation of cases in which the hypophysis was found greatly altered, came the belief of a casual connection between the two.

This opinion acquired so great a prevalence and credition, that as cases were reported from time to time in which the hypophysis was found unaltered, they have either been viewed with suspicion or discarded entirely from the category of acromegaly.

Unfortunately the stability of clinical features of acromegaly—and few diseases have a similar regularity—has not been accompanied by fixed ideas of its pathogenesis. For some time the enlargement of the hypophysis so commonly found was believed to be due to tumor growth. Gliosarcoma, lympho-sarcoma, other forms of sarcoma, "cystic-tumor," adenoma, etc., were described by various writers. With the destruction of the hypophysis by such growths, it was supposed that the body lost an important secretion or a necessary function and in consequence acromegaly developed.

Following this, the failure of acromegaly to develop as a sequence of other tumors or of inflammatory conditions, the absence of metastatic growths and cachexia, the observance of pituitary tumors without acromegaly and the more careful examination of the histology of the hypophysis in cases of acromegaly, led to the view that in this disease the pituitary body undergoes a hyperplasia, a proliferation that may be so marked that tumors are simulated. In this manner the persistent endeavor to retain a relationship of cause and effect between modification in this little known organ and the disease acromegaly, brought about the radical change from a theory of deficient secretion (or obliterated function) associated with tumors, to the theory of hypersecretion with hyperplasia.

At present it would seem that this ex-

planation of acromegaly would also require some revision, for there is a growing tendency to consider as *bona fide* acromegaly, cases in which there is no enlargement or appreciable gross change in the hypophysis. Virchow¹ has asserted in a very positive manner, that in his collection of skeletons there are five from well marked cases of acromegaly, in which the sella turcica shows none of that enlargement that almost invariably accompanies increased size of the pituitary body. Of the last of these cases a detailed description of the conditions met with at the necropsy has been given by Israel², who insists that the case is one of acromegaly notwithstanding the normal hypophysis.

Equally important and interesting are the results of some recent studies of the histology of the hypophysis. One of the most noteworthy of these is the work of Benda³. For some time it has been known that the front lobe of the hypophysis, the one that is altered in acromegaly, contains cells that display an especial affinity for certain dyes, "chromatophile" cells; others lacking this quality are designated as "chromatophobe." Benda has ascertained that the chromatophilous properties are dependent upon certain granules in the cells, and he believes that in this fact we have the morphological basis of a function for the gland. The granule cells never show degenerative change, and are in no way connected with the production of colloid material that occurs to some extent in the hypophysis.

In certain diseases in which the bones are below normal in size, Benda has found the chromatophile cells greatly lessened in number; this was the case with cretins as de Coulon previously ascertained. In

three cases of exophthalmic goiter the cells were diminished; in a dwarf the hypophysis was found compressed by a teratoma. Hutchinson has recorded a case of dwarfism with a fibroma of the hypophysis. In four cases of acromegaly in which Benda examined the hypophysis the cells with stainable granules were greatly augmented.

These observations, although few in number, are very significant, for they afford an opportunity to continue the union between disease of the pituitary body as a cause and acromegaly as a result; in the cases of acromegaly in which this gland is apparently unchanged, special methods may reveal a hyperplasia that effects simply the chromatophile cells that is however not sufficient to produce any increase in the size or weight of the pituitary gland.

The opinion expressed by Benda that the granules of these cells represent the product of a secretory process which is analagous to the zymogen formation by such glands as the salivary glands, pancreas and gastric glands, is shared by Thom⁴, who carefully examined the hypophysis of 62 persons dying from various diseases. It is assumed that the secretion reaches the blood vessels by a process of diffusion.

We can hopefully await the isolation of this product of the pituitary body and following this, experiments to prove that it is capable of modifying the metabolic processes of growth in bones before we accept as conclusive any statements that disease of the hypophysis cerebri causes acromegaly.

1. Berl. Klin. Wchn., 1900, XXXVIII, 1191.

2. Virchow's Archiv., 1901, CXLIV, 344.

3. Berl. Klin. Wchn., 1900, XXXVIII, 1205.

4. Untersuchungen uber die normale und pathologische Hypophysis cerebri des Menschen, Arch. fur mik. Anat. und Entwickl., 1901, LVII, 632.

PROFESSIONAL PIRATES.

A great and growing professional evil exists in this state to which we feel compelled to call attention. It is not a pleasant duty. On the contrary, it is quite humiliating to professional pride to acknowledge that a large number of men, graduates of recognized medical schools, are roaming over the state using what little professional knowledge they possess to swindle and rob the innocent public. These persons may be divided into several classes. First and worst is the pirate who works in the dark. He does not advertise because he desires to get hold of the money of the victims and then disappear to a distant part of the county or state and repeat his nefarious procedure. Advertisement of his whereabouts would be fatal to his robbery. He possesses or hires an attractive livery, and arrayed in respectable garb, drives up to a farmhouse where there are sufferers with a chronic or incurable disease. He promises a positive cure and treatment for six months, receiving in return a note for twenty-five or fifty dollars, which he easily negotiates at the nearest bank. He leaves a large bottle of alleged medicine and never returns. The victim finds too late that he has been swindled, but the man is far away, the cost of prosecution is great, the probability of recovering damages is remote and so nothing is done and little is heard of the transaction. We have the names of several of this class and will give them later.

The second class is composed of men who have headquarters in Chicago or St. Louis and who advertise their coming in the local newspapers. A large and interesting book might be written describing the disgraceful actions of these people.

We have it in mind to devote a part of each issue of the Journal to a census of these travelers of both classes. To this end we solicit the aid of all our members. We will ask them to send in newspaper clippings of the advertisements of these persons as rapidly as they make their appearance. We have a large and interesting collection of these advertisements already and have been astonished to find the number and daring of these operators.

We believe that if the people and profession were aware of the extent and enormity of this evil, they would arise in their might and drive these parasites from the state. Each and every one of them is violating the moral and common law.

The latest and most conspicuous example of professional rascality has been recently discovered in one Guy W. O. Mitchner, who graduated from the Barnes Medical College, St. Louis, in 1899.

Mitchner began his professional career in Kansas, Edgar county, Illinois, a metropolis of 1,200 inhabitants, situated at the crossing of the Big Four and I., D. & W. railroads. He did not remain there long and our correspondent at Paris states that his record was anything but creditable. It appears that he then blossomed out as a specialist having headquarters in St. Louis and infesting the towns in the central part of this state. A correspondent in St. Louis states that Mitchner "puts good clothes on his body but has nothing on his mind; that when he was in school he was considered a cheap sport; that he knows nothing and suspects very little; that he has absolutely no hospital or dispensary experience; that his name is not in the St. Louis city directory." That such a man should be able to attract any patron-

age even by newspaper boosting is almost beyond belief.

We have found his advertisements in the papers of Hillsboro, Monticello and Danville. The words of the advertisement are worthy of note. He calls himself "the celebrated specialist from St. Louis, chief consulting physician of the Mitchner Medical Dispensary, a graduate from the best medical colleges in America, having eight diplomas and certificates. He has achieved a world-wide reputation, crowned with unparalleled success, hence offers to cure you or charge you nothing." After stating his ability to cure nearly all diseases, he concludes: "All other diseases not mentioned just as successfully treated." The last chapter in the history of the great man is told in the following clipping from the Hillsboro paper of October 18, 1901:

ARRESTED.

We call attention to the fact that Dr. Mitchner will not be in the city next week as advertised. His letter did not reach us in time to withdraw the ad. On Tuesday evening he was arrested at Danville and brought to this city charged with obtaining money under false pretenses. He was kept up all night under special guard and Wednesday gave bond for his appearance at the November term of the circuit court. Last fall he treated Seth Washburn, for which Mr. Washburn gave him a note for \$35. Some time after the doctor came to him and claimed that he had lost the note and requested Mr. Washburn to sign another. Not suspecting anything he did it. Both notes were sold and were presented for payment when Mr. Washburn swore out papers and had the doctor arrested. We understand there are other charges to be preferred against him. We warn all our people to be careful in their business dealings with him.

THE TRUTH WILL SOON APPEAR.

One of the largest delinquencies of the last legislature was its failure to pass the charities reorganization bill advocated by all true friends of the State charitable institutions. This bill proposed to inaugurate the civil service in the management of all institutions and was actively opposed by many politicians. Each is trying to

lay the blame on the other for its failure.

At the conference held recently at Lincoln the matter was brought to a focus by the remarks of the Governor charging the failure to pass the bill on Speaker Sherman. The Speaker has resented this statement in the strongest terms.

The Chicago Tribune makes the following statement:

The facts about this bill—providing for one central board of administration for all State charitable institutions and requiring appointments in these institutions to be henceforth made on examination—are these: It was prepared by a committee of the State Board of Charities as formerly constituted. During its preparation distinct effort was made through third parties to inspire the committee with confidence in the Governor's intentions respecting it. As it was being completed he asked to see a copy in order that before it should be introduced he might have the opportunity of making suggestions concerning it. The committee accordingly handed him the final draft of the bill on the 22d of February and awaited his pleasure.

His pleasure was to keep the bill in his possession, neither suggesting changes in it nor releasing it, until April 25, ten days before final adjournment of the Legislature. Then, on occasion of sharp newspaper criticism, he called in certain members of the house, and with protestations of friendship for the measure requested that it be immediately introduced and advanced. The impossibility of its being reached for action after that date was a matter of no uncertainty in anybody's mind, and was simply verified by the event.

In view of these facts there is a hollow ring in the Governor's declaration at Lincoln: "It was not you held the gavel, it was not I. You want civil service in the State institutions, so do I."

MEDICAL SOCIETY ITEMS.

All persons interested in the progress of organization of the profession in Illinois will note with great satisfaction the lengthening of the list of official reporters for societies on the editorial page. At this writing the number represented is 70, including the Jersey County Society reorganized Tuesday, October first, and the Southwestern Chicago Society organized about one year ago but not before reported for affiliation with the State So-

ciety. Both these societies have in their constitutions made provision for the publication of the proceedings of each meeting in this Journal. The language of the constitution of the Jersey County Society is:

It shall be the duty of the secretary to prepare a synopsis of the proceedings of each meeting and transmit the same to the editor of the Journal of the Illinois Medical Society for publication.

The language of the constitution of the Southwestern of Chicago is as follows:

The corresponding secretary shall report regularly the transactions of the society to the Illinois Medical Journal.

Other provisions of the Southwestern Society worthy of note are the qualifications for membership:

Article I. All applicants for membership shall be graduates of rational schools and shall not practice any exclusive system of medicine.

Article II. Shall be of good moral and professional standing and of congenial disposition.

Article III. Shall have evidenced his interest in the welfare of this society by having attended three consecutive meetings of the same.

Article IV. He shall hand membership committee a written application for membership, accompanied with regular initiation fee of One Dollar.

Disbarment from Membership—Any member shall forfeit his membership by his own act if absent from three consecutive meetings of the society.

Reinstatement of Members—Members having been disbarred from membership by non-attendance become reinstated by their own act after attending three regular consecutive meetings during the current year.

Also the steward shall see that proper preparation is made for the lunch and shall collect 50 cents a plate for the same.

At least four of the recent applicants for membership in the Chicago Medical Society are graduates of sectarian schools. These gentlemen have renounced their belief in exclusive doctrines and thereby became eligible for membership.

A similar conversion is reported from the Decatur Medical Society. The idea of admitting graduates of sectarian schools was discussed at the last meeting of the Sangamon County Society, but no decision was reached.

The McLean County Society has discovered that its constitution does not permit the admission of a candidate who is a legal practitioner but not a graduate of a medical school. An interesting correspondence on this subject will be found on another page. It might be well for other societies to change the wording of their constitution.

The DeWitt County Medical Society will hereafter require that applications will only be received after a year's residence in the county.

State Items.

C. V. Starke of Rockford entertains the following belief regarding President McKinley's wound: It appears from the autopsy that the operation made upon the president was successful so far as intended to prevent threatening peritonitis. But he died from gangrene and its consequences, they say. If somebody asks for the cause of gangrene setting in so abundantly, it is ridiculous to answer that the bullet was poisoned. The answer must be that the vital energy of the president was so very low in the parts interested. But the cause of that fact was that the left suprarenal capsule, one of the nervous centers of the bowels was penetrated by the bullet. Diseases of the suprarenal capsules disturb the action of the stomach and other bowels and lower their vital energy, even that of the heart. Probably no kind of operation could have saved in such a case.

The new St. Francis' Hospital, Peoria, occupying a commanding position on the East Bluff, was opened to the public for the first time, October 10th, and thousands passed through the five-story stone fireproof structure, erected at a cost of \$115,000. It is under the direction of the Sisters of the Order of St. Francis, with

Mother Superior Theola in charge. The interior is finished in quarter-sawed red oak, with the finest operation-room, the interior entirely marble, in the West. The hospital received a large number of valuable gifts on its opening day, and its formal dedication by Bishop Spaulding will take place at a later date.

Wm. H. German, who has succeeded to the business of the late Chas. W. Purdy, announces that he has removed his laboratory to the Columbus Memorial Building.

We are glad to be able to announce that the report on Medical Education and the Official Register of the State Board of Health for 1901 will be ready for the printer within two weeks. The Official Register of Physicians will be corrected up to November 15th. It is expected that a copy will be in the hands of each member of the Society by December 15th.

The medical schools of Chicago have opened for the fall term with a large increase in attendance. The freshman and sophomore classes of Rush will hereafter take their studies at the Chicago University.

Fourteen graduates at the Rush Medical College received diplomas at the quarterly convocation held at the college. The work entitling the graduates to the degree of doctor of medicine had been completed during the summer quarter at the school. The graduation address was given by F. C. Hotz of the college faculty, who spoke to the graduates on "What Constitutes the Practice of Medicine." The list of graduates follows:

James W. Barnebee, Orra F. Covert, James H. Crawford, Eric A. Davidson, Joseph B. Ewers, Robert Hardie, Clyde B. Hoffman, Alvin Keller, David Leeper, John B. Lyon, Ernest D. Perkins, Hymen L. Weber, Siewert J. Weber, Jacob W. Wines.

The Northwestern opened its session with an address by Jas. H. Eckles. Despite the rigid requirements for admission,

the freshman class is by far the largest in the history of the institution. There is also an influx of students to the higher classes, among the latter being a large delegation from the University of Iowa. The medical department there was completely wiped out by fire some months ago.

N. S. Davis, Jr., has been elected dean and A. R. Edwards secretary.

The College of Physicians and Surgeons was opened for its twentieth year of work in the evening, the exercises being held in the new hall of the college, Congress and Honore streets. The address was delivered by Sanger Brown, a member of the faculty. The purchase of the West Division High School property on the north of the college last June has given the college more room. At this college also there is also a largely increased attendance. It is said that thirteen or more students, formerly attending Barnes Medical College, St. Louis, are among the new matriculates.

Correspondence.

REQUIREMENTS FOR MEMBERSHIP.

To the Editor: Will you kindly give me your opinion and advice in this matter?

Dr. A. B. C. desires to become a member of State Society and writes as follows:

"I would like to become a member of State Medical. I am not a graduate. I attended Iowa State Medical and passed State Board in 1882. Do not belong to any medical society. There is none in this county."

The application was made to the McLean County Medical Society, of which I am one of the board of censors. Now our constitution reads as follows: Page 7, article VII. "Any physician a resident of McLean county, Illinois, or of any of the adjoining counties, of good moral character and who is a graduate of a regular college of medicine recognized by State Board of Health of Illinois as being accredited,

may upon the recommendation of the censors be elected a member of the Society by receiving the votes of three-fourths of the members present."

Dr. B. is a nice gentleman and practicing regular medicine so far as we know, but as he says he is not a graduate from a regular college, &c. The question is, should the censors recommend him for membership to our Society, in view of him becoming a member of State Medical Society.

Will you kindly give me your opinion in the matter. The board of censors should like to do the right thing in the matter.

Truly yours,

J. Whitefield Smith.

Bloomington, Ill., Oct. 11, 1901.

Oct. 12, 1901.

J. Whitefield Smith, M. D., Bloomington, Illinois:

My Dear Doctor: Referring to yours of the 11th inst., I will say that undoubtedly the constitution of the McLean County Medical Society was adopted before it was possible for a man to have legal standing by reason of examination by the State Board of Health, and since it is possible it appears to me that there is no good reason why such a man should not become a member of the local society and the State Society. Several counties to my knowledge have encountered the same difficulty, and strictly speaking, of course, cannot entertain applications for membership from such persons without changing their constitution. I believe, however, that no violence will be done in accepting the application of Dr. A. B. C., and in the meantime change your constitution to read "any physician of good moral character and a legal practitioner in the State of Illinois may upon recommendation, &c, be elected a member of this Society, &c."

Yours very truly,

G. N. Kreider.

OPTIC NEURITIS AND CHOKED DISK.

To the Editor: In the October issue appears the paper of J. F. Percy of Gales-

burg, Ill., on "Glioma of the Brain," and in the discussion following is that of W. H. Wilder of Chicago, in which he uses these words: "Dr. Percy has mentioned the presence of optic neuritis in the left eye in this case. But he speaks of it not as choked disk, but describes it as an optic neuritis. Really it is not necessary to make any distinction between optic neuritis and choked disk. They are identical. If you find one, you have the other. Choked disk is nothing more nor less than an exaggerated form of neuritis. In choked disk we have an inflammation of the head of the optic nerve, and it differs from a slight neuritis in these cases only in degree not in kind."

As I made the ophthalmoscopic examination in the case referred to by Dr. Percy, and the distinction between choked disk and simple optic neuritis was purposely made, and so stated by Dr. Percy; and as I was in attendance at the medical section when the paper was read, and therefore could not defend the report of the ophthalmoscopic findings as made use of by Dr. Percy, I wish to refute Dr. Wilder's statement, which I think can be dismissed in a few words.

To say that optic neuritis and choked disk are identical is so absurd that it is hardly worthy of denial, but coming from Dr. Wilder, who has considerable reputation as an ophthalmologist, demands some notice.

Dr. Wilder states also that when you have optic neuritis, you also have choked disk. Then he immediately contradicts himself by saying that the "difference" is one in degree and not in kind. Of course if there is a difference between two objects, whether it be in degree or in kind, they are not identical, and it is just this difference in degree between optic neuritis and choked disk, that makes them dissimilar. All cases of choked disk can be classed as cases of optic neuritis, but it does not follow that all cases of optic neuritis are therefore cases of choked disk. It would be just as reasonable to say that

because all cases of strangulated hernia are cases of hernia, therefore all cases of hernia are strangulated. The difference between simple hernia and strangulated hernia illustrates the difference between simple optic neuritis and choked disk, and to say that these conditions are identical when there is this radical difference is of course absurd. In the case mentioned by Dr. Percy, on numerous examinations, there was found to be present simple optic neuritis, but never choked disk.

R. C. Matheny.

Galesburg, Ill., Oct. 7, 1901.

HOSPITAL APPOINTMENTS.

To the Editor: In looking over the Illinois Medical Journal for this month I notice on page 228 a partial list of physicians appointed by Governor Yates to the various institutions. The list in reference to the institutions at Chester is not quite correct and seems to have the two institutions mixed up, as it were. I take the liberty to give it to you correct:

Southern Illinois Penitentiary—A. M. Lee, physician; E. L. Crouch, assistant physician (transferred from Jacksonville Insane Hospital).

Illinois Asylum for Insane Criminals—W. E. Songer, superintendent; A. T. Telford, physician (re-appointed).

At the Anna Insane Hospital the name of A. B. Beattie has been left out as one of the assistant physicians.

Fraternally yours,

A. T. Telford.

Menard P. O., Ill., Oct. 10, 1901.

Local Societies.

The Morgan County Medical Society met in regular session September 12th. Members present: Adams, Baxter, Black, Bowe, Campbell, Cole, Crane, Hairgrove, Maness, Milligan, Parks, Reid and Thompson.

For the first time in many months no meeting was held in August and considerable discussion was had regarding the program for meetings. Several papers were read and cases presented verbally.

The German Medical Society held its first meeting October 11th. Your letter of October 4th was read and I have been instructed to inform you that monthly reports will be sent to the Illinois Medical Journal.

The following officers were elected: Gustav Futterer, president; Gustav Schirmer, vice president; Karl Doepfner, secretary. Ernst Saurenhaus, Alfred Schirmer, censors.

A. Decker, Official Reporter.

The Winnebago County Medical Society held its regular meeting in the Nelson house ordinary Tuesday evening, October 8th.

The program for the evening was a paper on "Blood Poisoning," by Wm. A. Evans of Chicago, Professor of Pathology in the University of Illinois Medical College.

He is a fluent and finished speaker and his pleasing as well as thoroughly scientific presentation of the subject was followed by a general discussion.

S. R. Catlin, Official Reporter.

The De Witt County Medical Society convened in the county court room, Oct. 8, 1901, at 1 o'clock P. M. Pres. A. E. Campbell in the chair, J. H. Tyler, Sec'y.

J. C. Myers exhibited a case of contused wound of the thigh—the subject having been hurt in a R. R. wreck—for examination.

A very interesting and instructive paper on "Rheumatism and its treatment" was read by Dr. Fullenwider, in which he stated that in the use of alkaline treatment care should be used not to produce too much anaemia. His favorite treatment after stimulating the secretions was the free use of salicylate of soda in connection with warm applications. Many conflicting views in regard to rheumatism and its treatment were expressed by the members present.

G. N. Kreider of Springfield, gave a very interesting talk on **senile gangrene**, and reported five cases which had come under his immediate observation within the last few years, in every one of which he found it necessary to amputate the limb. All recovered with one exception. The average age of three of the patients was eighty-one years.

Gangrene was discussed by J. C. Myers and J. A. and D. W. Edmiston.

On motion the thanks of the Society were tendered to Dr. Kreider for his very interesting address.

The following resolution was presented and adopted: "Resolved, that no physician shall be eligible for membership in the DeWitt County Medical Society, until he has practiced medicine in the county one year."

On motion, a committee was appointed to draft a fee-bill for this society, consisting of Drs. McLean, Myers and Campbell, to report the same at the annual meeting in April, 1902.

J. H. Tyler, Official Reporter.

The Montgomery County Medical Society met in annual session in K. P. hall in Hillsboro October 1, at 1:30 P. M., with President W. W.

Douglas in the chair, and at roll call the following members were present: J. C. Wilson, Wm. H. Cook, M. L. Moyer, I. W. Fink, W. W. Douglas, J. M. Trigg, O. Houser, W. A. Edwards, P. J. Fullerton and G. A. Clotfelter.

The secretary and treasurer's report:

To balance on hand last report.....	\$15 99
Membership fee from Charles H. Lockhart.....	1 00
A. B. Cary.....	1 00

Total.....	\$17 99
Paid for stationary, postage and printing	\$8 59

Balance on hand.....	\$9 40
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Committee on fee bill made report and presented a copy of same and after some revision the report was accepted and the secretary ordered to have copies of same printed and distributed among the physicians of the county.

The applications of A. B. Cary of Donnellson and Charles H. Lockhart of Witt, were read and referred to the censors and were reported back to the society as desirable members and were elected by acclamation.

J. T. Koen was invited to take part in the meeting. Motion carried.

The paper by J. C. Wilson on **alkaloidal medication** was read and a general discussion followed.

G. A. Clotfelter reported a case of **traumatic synovitis of the knee joint** and asked for information in regard to the best line of treatment. There were several suggestions made, some suggested strapping of the joint, some hot packs, some cold packs and P. J. Fullerton said that nothing short of amputation would avail any good results in a case of traumatic synovitis where there was an external wound as there was in this case. G. A. Clotfelter reported that the external wound had healed, but that the temperature ran from 101 to 102 and pulse 100 to 110 per minute, and there was severe pain all the time.

The election of officers resulted as follows:

Wm. H. Cook, Coffeen, president; J. C. Wilson, of Donnellson, vice-president; J. M. Trigg, of Farmersville, secretary and treasurer.

Censors: T. J. Whitten, Nokomis; I. W. Fink, Hillsboro; M. L. Moyer, Hillsboro.

The various committees were appointed.

The Society on motion adjourned until the next regular meeting to be held in Litchfield, May 6, 1902.

J. M. Trigg, Official Reporter.

The McLean County Medical Society was called to order October 3 by President C. E. Chapin. The minutes of the last meeting were read and approved. A committee of three, consisting of the following gentlemen, J. L. White, J. L. Yoltan and A. L. Fox, were appointed to draft resolutions on the death of our fellow, D. O. Moore. The treasurer reported \$2.80 in the treasury after paying for the new fee bill. E. Mammen reported **three cases of diphtheria**, in two of which antitoxine and intubation were both used and both cases recovered. The third case was fatal in

which anti-toxine, intubation and tracheotomy were all resorted to. Dr. Yoltan reported a case of **urticaria** in a young man, of five years' standing. He discovered the patient was a very hearty eater and belonged to a family of big eaters. Regulation of the diet and physic relieved the case after a few months' treatment. He also reported a case of **ivy poisoning** in the month of February in a boy. After investigation it was found the lad had been playing in a load of straw in which was found the ivy.

A. L. Fox reported a case of a small boy taken severely ill with his eyes swelling shut. He treated the case tentatively and the symptoms disappeared, to return in a few days in the form of swelling of the ears. The sp. gr. of urine was 1.045 with no sugar. Diagnosis a variety of **urticaria**. Boy recovered.

F. C. Vandervort reported two cases inside of one week of **complete procidentia uteri**, one in a woman of sixty-five and the other in a woman of about forty-three. In the first case the uterus was replaced and comfortably retained by a stem pessary. The other case is being treated with glycerine tampons to reduce the size of uterus and reduce inflammation, and the patient kept in bed. In this case the womb is very large and the cervix has a stellate laceration. Dr. Vandervort also gave notice that at the next meeting he would move the adoption of an amendment to the constitution in regard to qualifications of members that would correspond to the new plan of the State Society.

J. Whitefield Smith then read a comprehensive paper on **Rhinoliths**, which will appear later in the Journal.

F. C. Vandervort, Reporter.

The Decatur Medical Society.

The Society met in regular session Thursday evening, Sept. 26, with President Will C. Wood in the chair. M. T. Heffernan of Decatur read a paper on **pernicious anemia**, in which he reported a case under observation at the present time and gave histories and post-mortem reports of three cases seen while at Rush Medical College.

The patient now under observation is 28 years old and gives a history of great physical weakness, fainting spells, nausea and vomiting at intervals for the past three years. An examination of the patient in August showed emaciation anemia, light yellow color, muscles soft and great general weakness, so that he cannot raise legs or body. T. 105 P. 120 R. 28. Lungs, heart, liver and spleen showed nothing abnormal.

Blood examination showed, reds 2,232,000 whites 11,250. The red cells showed marked poikilocytosis with megaloblasts and normoblasts. From these findings and the symptoms a diagnosis of pernicious anemia was made.

Since then his temperature has ranged from 99 to 102 and pulse from 96 to 130. He has had spells of anorexia, vomiting and delirium at times, and has grown weaker. He now has incontinence of feces and retention of urine. During the last few weeks he has had spas-

modic painful contractions of the muscles of legs.

The paper was discussed by Drs. Morgan, Brown, W. J. Chenoweth and Will C. Wood.

Sylvester Wilhelmy of Harriestown read a paper on **cretinism** and exhibited several pictures showing the marked improvement of the patients under thyroid treatment. Following the discussion of this paper the members were invited to report any interesting cases under observation and several cases including one of **atropine poisoning** were cited.

A motion to revive the committee appointed to draw up a fee bill was lost.

The project of a new hospital was brought up and discussed informally. The consensus of opinion was that a mistake would be made in attempting to remodel a residence for a hospital. It was generally agreed that it would be better to start with a single ward constructed after modern methods, than to try to utilize old buildings.

J. T. Miller, N. D. Myers and A. T. Botts, were appointed a program committee for the next meeting. Adjourned.

C. Martin Wood, Official Reporter.

The White County Medical Society met October 10th. In the absence of the president and vice president, V. H. Parker acted as chairman.

The society then proceeded to elect officers, electing V. H. Parker of Carmi, president, J. N. Hopkins of Burnt Prairie, 1st vice president, Isaac N. Foster of Herald, 2d vice president, W. A. Steele of Carmi, secretary and ex-officio treasurer.

On motion the chair appointed Drs. Foster, Crebs and Smith as a board of censors.

A. C. Puckett and James A. Boyer were presented by the board of censors and elected to membership.

On motion by Dr. Foster an amendment to the by-laws was adopted making the regular meetings of the society come on the second Thursday of April and October of each year.

Another amendment to the by-laws making five members constitute a quorum was adopted.

Drs. Mayhew, Puckett and Foster were appointed a committee on program. Drs. Crebs, Hopkins and Smith were appointed a committee with instructions to draft an equitable, just fee bill, but later the motion was withdrawn and the committee discharged without reporting.

Dr. Steele presented a paper entitled "The Necessity of Up to Date Business Methods for the Physician," and at the close of his paper offered an amendment to the by-laws making it the duty for each member of the society to report the names of all persons owing him, who after repeated statements of their accounts had neglected or refused to make any satisfactory adjustment of the same. These names were to be alphabetically arranged by the secretary and a list to be furnished to each member of the society, &c, &c.

The motion was discussed by every one present and condemned by some as entirely out of place in a medical society and finally withdrawn in the interest of harmony.

The committee on program reported the following program for April 10, 1902: 10 A. M. Call to order and roll call. 10:15. Paper by Dr. Crebs, Enterocolitis. Discussion led by Dr. Chas. Wakeford. 11. Paper by W. A. Steele, Eczema. Discussion led by A. C. Puckett. 11:45. Adjourn until 1 P. M.

1 P. M. Paper by V. H. Parker, Nasal Catarrh. Discussion led by J. R. Smith. 2 P. M. Paper by J. A. Boyer, Fractures. Discussion led by J. N. Hopkins. 2:45. Business and reports of committee.

W. A. Steele, Official Reporter.

The Southwestern Medical Society, Chicago, was organized a year ago, and held meetings once each month during the year.

The officers were as follows: President, Harry H. Hagey; Vice-President, Thos. C. McGonagle; Secretary and Treasurer, Fred C. Eggart.

During the year many interesting and instructive papers were read and discussed.

The average attendance was sixteen. As the methods of conducting the Society were somewhat unique, we did not try to very largely increase our membership, wishing to first see if we could make it go all right.

At a special meeting held in Sept. 1901, officers for the ensuing year were elected as follows:

President, Chas. H. Miller; Vice-President, Harry H. Hagey; Secretary and Treasurer, C. Hubart Lovewell; Corresponding Secretary, Thos. C. McGonagle.

At the beginning of the 2d year we determined to try and increase our membership.

The program arranged for Oct. 8, 1901, was a paper on hysteria by Hugh T. Patrick of this city. Discussion opened by Chas. H. Miller.

We then set about securing an audience and by united effort succeeded in having forty physicians, both old and young present and but for the fact that a heavy rain set in late in the afternoon and continued until midnight, we would have had sixty present.

After partaking of a bountiful spread which is one of the many good features of every meeting, Dr. Patrick in his eminently practical and lucid manner, considered the disease hysteria from the standpoint of diagnosis, laying stress upon the importance of a careful and systematic examination of the patient with reference to the various skin anesthetics, gait, visual field, etc. In opening the discussion Dr. Miller considered the treatment of hysteria under three heads. 1st. Prophylaxis. 2d. The various psycho-neuroses. 3d. The treatment of the acute attack.

A general discussion was then in order and many unique cases were reported. Those reporting cases and speaking on the subject were: C. H. Lovewell, Sr.; A. H. Champlin. A. J. Brislen, E. C. Morton, H. P. Stebbings, E. B. Fowler, F. C. Eggert, P. J. Kurtz, G. J. Denris.

Dr. Patrick then closed the discussion by a few well chosen remarks, after which he received a hearty vote of thanks from the Society and those present. Meeting was then adjourned until Tuesday evening, Nov. 12th.

After adjournment the secretary received the application for membership of a large number and everyone went home feeling that they had spent a very enjoyable and profitable evening.

Respectfully submitted,

Thos. C. McGonagle, Official Reporter.

The Peoria City Medical Society met in regular session at the National hotel October 1st, with 25 members present. Treasurer Emma Lucas, submitted her annual report, which showed a balance in the treasury of \$94.54. Heretofore the dues have been only \$1.00 a year. Under the new constitution of our society each member pays annually \$2.00.

In order that country members might attend society more frequently a motion was made that the society hold an afternoon session on the first Tuesdays of April and October. It prevailed unanimously. A discussion as to admission of irregulars developed the understanding that only those irregulars who recant and drop their "pathy" and call themselves physicians only, become eligible to consideration.

The application of E. L. Davis was reported favorably by the board of censors and he was elected to membership in the society. We now have a membership of 68.

O. B. Will read an excellent paper on the "Limitations of Surgery in Gynecology." His paper tended toward conservative surgery and was heartily endorsed and discussed by M. S. Marcy, C. N. Collins, O. J. Roskoten and E. M. Sutton.

A case of Hodgkins disease was shown by M. Mansfield of Washington and one of vitiligo by E. M. Eckard.

October 15th a regular meeting of the society at the National hotel with 18 members present listened to an interesting description of "Impressions of European Hospitals and the British Medical Association," by E. M. Sutton, recently returned from Europe. He spoke of the demonstration by cinematograph, of an operation by a French surgeon before the society as decidedly quackish and something which would not be tolerated here. He also spoke of the inferior skill as displayed by French surgeons whom he saw operate and also informed the society that it was the opinion of all foreigners who were present that British methods, hospitals, etc., were decidedly out of date as compared with continental or American institutions.

B. M. Stevenson reported a case of diphtheria successfully treated with 10000 unit dose of antitoxin. The consensus of opinion was that antitoxin as applied for the cure of diphtheria was a specific and that enormous doses could be and should be used if necessary, and almost invariably with good results. In fact, it was shown that mortality in diphtheria in Peoria under antitoxin treatment had been reduced to almost nil.

E. M. Eckard, Official Reporter.

The Stephenson County Medical Society held its regular quarterly meeting at Freeport, Thursday, October 10th. The morning session was devoted to a clinic at St. Francis Hospital,

conducted by J. H. Stealy of Freeport, where several interesting cases, both surgical and medical, were presented.

One of exceptional interest from a pathological and operative standpoint was as follows:

Emma S—. Age 28. Single.

Family history revealed mother and two brothers having died of tuberculosis. Father died of pneumonia and two brothers living, enjoying good health.

Patient contracted pneumonia in March, 1898; disease lasted six weeks. In September, 1898, patient's left foot became very much swollen and inflamed; palliative measures were used but with no results. Then the member was treated surgically, i. e., opened and drained chloroform being used as the anaesthetic, with alarming symptoms during and after operation. In December, 1899, patient was admitted to hospital to receive more constant attention. Surgical measures were again instituted and thorough drainage effected, ether being used as the anaesthetic, with still more unpleasant symptoms than the chloroform on the former occasion. In June, 1901, patient operated on third time, joint opened and thoroughly swabbed out with carbolic acid, then neutralized with alcohol. This time subarachnoid anaesthesia was produced; no unpleasant symptoms followed.

The past two years' treatment having accomplished nothing; instead the foot grew steadily worse. It was finally decided that an operation was the only rational treatment.

At the clinic before the Society subarachnoid anaesthesia was again produced, and the foot amputated at junction of middle and lower third of tibia. Operation entirely successful and patient continues doing nicely 3 days after operation.

The afternoon session was called to order by the president, S. C. Thompson at 2 P. M. at the court house, and was devoted to reading of papers and scientific discussion.

J. H. Stealy's paper on **Tuberculosis** was warmly received and brought out lengthy discussion.

M. M. Baumgarten was elected a member of the Society and the name of S. G. Kreider of Lena was proposed and under the rules referred to the board of censors until next meeting, second Thursday in January, 1902.

Robert J. Burns, Official Reporter.

The Macoupin County Medical Society held its semi-annual session in the G. A. R. hall, Greenfield, and was called to order by President J. Roscoe Ash of Brighton.

The visiting members answered to their names: J. R. Ash, Brighton; L. H. Corr, J. Palmer Matthews, Carlinville; N. A. Crouch, Chesterfield; A. G. Kinkead, H. W. Gobble and F. A. Clement, of Greenfield.

The visiting members were: Drs. Day, Fayette, Little and Converse of Greenfield, to whom were extended the courtesies of the society.

The minutes of the preceding meeting were read, corrected and approved.

The treasurer's report was approved, showing \$5.65 in the treasury.

The nominating committee reported Carlinville as the next place of meeting on the 4th Tuesday in April, 1902. Essayists, L. H. Corr, F. C. Barto and W. B. Dalton.

H. W. Gobble of Greenfield read an interesting paper on **Obstinate Constipation**. The most satisfactory treatment is by the use of small doses of cascara sagrada, increasing gradually until satisfactory results are obtained, then diminishing till all the drug is withdrawn. This treatment aided by the regulation of the diet and habit of attending to the calls of nature, is recommended by the Chicago Polyclinic. High injections of olive oil is also recommended.

L. H. Corr reported a case of **Cervical Fistula**. A unique case was found in her clinic at the Corr hospital of a fistulous opening from the vaginal portion of the cervix allowing the passage of a probe into the cavity of the neck of the womb. The etiology is that of a lacerated cervix with spontaneous union of a part of the torn surface leaving the fistulous opening.

Palmer Matthews reported a case of **Intubation for Laryngeal Diphtheria** in a child 12 years old. A small tube was used 8 year old, because of the stenosis. The tube remained in place with string attached till the third day, when the string was bit off and tube coughed up and swallowed. Antitoxin was used and the stenosis disappeared and the membrane coughed up.

Roscoe Ash reported a case of a woman who had frequent and profuse hemorrhages from nose, womb and rectum. All drugs being inefficient in this case, it was diagnosed one of **haemophilia**.

A. C. Corr sent a message of greeting and good will to the society, which was read by L. H. Corr to the meeting.

On motion it was resolved that the Macoupin County Medical Society desires to favorably commend the suggestions of A. C. Corr in regard to an Illinois Journal of Health, to be a medium of communication between the organized medical profession of the state and the public in matters pertaining to a system of state medicine and sanitation and the natural cause and prevention of crime.

The society then adjourned. The meeting was good both in interest and attendance. The local members entertained us at the city hotel.

J. Palmer Matthews, Official Reporter.

The Adams County Medical Society met in regular monthly session September 8th, First Vice President Williams in the chair and C. D. Center acting secretary. The minutes of the previous meeting were read and approved. An application from W. S. Knapheide was read and referred to board of censors. Wm. Sigsbee was then called to the chair and W. W. Williams read a clinical report of a case of **Empyema in a Child 17 months of age**. The child has been sick eleven weeks without a diagnosis having been made, the treatment of the case was surgical and child recovered.

The doctor emphasized the importance of

a thorough examination in diseases of children, and wished to impress the importance of operating even under the most unfavorable conditions in this class of cases. In closing he said, "This disease is always to be treated surgically." Like any other acute abscess empyema requires free incision and drainage with proper antiseptic precautions. He also reported a fatal case of apoplexy superinduced by straining in endeavor to pass nephritic calculi.

William Sigsbee reported a case of typhoid fever in a boy 13 years of age, complicated by left lobar pneumonia. Papers discussed by Christie, Jr., Ashton, Germann and Williams.

The Society met in regular session October 14, 1901, Vice President Williams in the chair. Members present: Brenner, Koch, Nickerson, Vasen, Sigsbee, Christie, Jr., Wellenreiter, Beirne, Rice, Center, Williams, Ashton, Hart and Germann.

Dr. Ashton read a clinical report presenting some anomalies in a case of acute phthisis complicating its early diagnosis from typhoid.

1st. The sudden and great prostration, with headache, muscular pains, nose bleed and intestinal disturbance.

2d. Early retention of urine indicating an acute toxæmia from infection.

3d. Bronchitis developing, but without sputa for microscopic examination, which might also be referred to the same cause.

4th. Temperature showing marked morning remissions.

5th. Pulse soft and not rapid in rate.

6th. Although a bad family history maternal was obtained, there was complete absence of any symptoms pointing to incipient tuberculosis previous to this attack.

7th. The attacks occurring at the midsummer season.

Etiology: Could this attack have been precipitated at this time by the depressing effects of the prolonged heat wave, or by this, coupled with and invited by the auto-intoxication from absorption of intestinal ptomaines due to the constipation habit? Cold being entirely eliminated as a predisposing cause in this case.

Sarah Vasen gave a verbal report of a case of perforative appendicitis with diffuse peritonitis, in which, in her opinion of operation, was too long deferred. Death followed operation, which was performed on the 5th day.

Henry Hart, Official Reporter.

The Jersey County Medical Society was reorganized Sept. 26, 1901.

President J. T. McAnally, of the Illinois State Medical Society, came to Jerseyville to assist the physicians of the county in the reorganization of the Jersey County Medical Society.

Original members present at the meeting were J. S. Williams, A. A. Barnett, E. L. H. Barry, J. Tidball, A. A. Shobe Wesley Park and A. K. VanHorne.

For temporary organization, T. S. Williams was chosen chairman and A. K. VanHorne secretary.

Addressing the meeting, President McAnally

explained the necessity for county medical societies. He stated that although the State Medical Society is composed of regular physicians of the entire state, the legislative or working department of this society should be composed only of delegates sent by county medical societies. Therefore if all the physicians of the state are represented in the State Medical Society, each county must have its society.

The legislative department of the American Medical Society is composed only of delegates elected by the state societies, thus demonstrating that the county society is the foundation of the great American Medical Association.

Discussion developed the fact that since our boards of health have been established, fatal diseases that formerly wrought havoc among our people have been kept out of our country. The Asiatic cholera, which during the epidemic of 1873 carried off fifty victims in the small village of Delhi and vicinity in Jersey county alone, has three times attacked our Atlantic and once our Pacific border, yet the prompt and scientific action of our boards of health has stamped it out each time. Comparison of statistics of these successive epidemics shows a marked decline in fatality and period of duration.

Further discussion also brought out the fact that a resolution was offered in the Jersey County Medical Society calling for a state board of health, also that a delegation from this society attended the legislature and with others, prevailed upon that body to establish this board.

Other states followed the example of Illinois and finally the National Board of Health was established.

The society elected J. S. Williams president, J. Tidball vice-president, A. K. VanHorne sec'y, to serve until the 46th annual meeting, April, 1902.

The board of censors is composed of A. A. Barnett, J. A. Flautt and E. L. H. Barry. Petitions for membership for H. R. Gledhill, L. T. Waggoner and M. B. Titterington were presented. The board of censors reporting favorably, they were elected.

The essayists chosen for the November meeting were E. L. H. Barry, M. B. Titterington and A. K. VanHorne.

A. K. VanHorne offered the following resolution:

Resolved, That the Jersey County Medical Society extends congratulations to Nathan Smith Davis on his great attainments in the profession and also convey to him sincere regards and esteem for his services as an organizer and educator among medical men.

Resolution adopted. Also,

Resolved, That a vote of thanks be tendered J. T. McAnally for his aid in reorganizing the Jersey County Medical Society. Adopted.

E. L. H. Barry offered the following:

Resolved, That the sympathy of this society be extended to Joseph Enos in his illness.

Adopted.

On motion the society adjourned to meet on the first Wednesday in November.

A. K. VanHorne, Official Reporter.

The Jacksonville Medical Club met Saturday, Oct. 5, at 8 P. M. This was the opening meeting of the season and social intercourse and plans for the year's work were the order of the evening.

The following officers were elected: President, Edward Bowe; Vice-President, W. K. McLaughlin; Secretary, David Reid; Treasurer, H. C. Campbell.

We give the following extracts from the paper of David Reid, entitled, **Points for patients; or how to keep even with the doctor.**

Motto: Always hold the doctor your enemy till he proves himself your friend—then look out!

Always ring more than once. Hold your thumb on the button till the office girl comes and makes you let go.

Call the office girl every few minutes and ask her who is in the office and what is the matter with her.

While in the waiting room try to find out what is the matter with the others and prescribe for them. Tell them they don't need a doctor, or recommend Dr. Curem.

When you get inside, don't be in a hurry; the others can wait. The doctor likes to have his waiting room full; it looks prosperous. Be careful about answering **yes** or **no**. It is sometimes best to answer **yes** when you mean **no**. It may even be desirable to discard the truth altogether, especially when he begins to question you about the company you keep and where you spend your evenings.

If the doctor sends you a bill, stop him the first time you meet him on the street, and ask him if he has a check book with him. Ask him for pen and ink and a blotter. Tell him you called at his office several times but there was nobody there. If he keeps on sending bills, it would be well to try a new doctor. It is often cheaper to hire a new doctor than to pay the old one. Do not worry about the doctor bill; it will keep. If you should lose it the doctor will send you another.

Never come during office hours if you can help it. It is plebeian. Best come at meal time. You will be likely to find the doctor at home then.

Be sure you find out what is the matter with you. Ask him the name of it. Have him spell it so you can write it down.

Always begin by telling the doctor that his medicine didn't do you a bit of good. Always get the first move, and generally speaking, this is considered the best opening. A doctor never knows just how to meet it. If possible he will say you are looking better. If so your next move is to say you have been taking Hood's sarsaparilla. The game is fairly started now, and you have the advantage.

When you telephone for a doctor tell him to come immediately. In case of an accident in the neighborhood, call for two or three doctors. Too many are better than too few.

Try to keep your doctor posted. Ask him if he has ever used Carter's Little Liver Pills, and what he thinks of them. Ask him if he

saw the account of Doctor Bragham's wonderful operation in Sunday's paper. A doctor's life is really a very narrow one. When a doctor has time to read, he would rather read about a dog fight than about the wonderful progress of christian science and osteopathy.

If your doctor gets "too busy," or "cannot get away," it is a sure sign that he has been looking over his ledger. Either throw him overboard or send him some money before you need him again.

Always keep the doctor as long as you can. As he rises to leave, ask him to look at the baby's throat. It was for the baby you wanted him.

Beware of quacks. Women like to be humbugged, but they like to have it done painlessly. They don't want to know about it till afterwards. If you decide to embrace osteopathy, be on your guard, and don't let the other fellow do all the squeezing.

Bring your doctor charity cases. If he fail with these, you incur no responsibility. Never flatter your doctor behind his back. He might not hear you.

David W. Reid,
Official Reporter.

Chicago Ophthalmological and Otological Society. A regular meeting was held in the Columbus Memorial Building, October 8, 1901, the President, Casey A. Wood, in the chair.

W. H. Wilder offered the following resolutions, which were unanimously adopted:

Resolved, That the members of the Chicago Ophthalmological and Otological Society, having heard with deep regret of the recent demise of their colleague, S. J. Jones, desire herewith to express their appreciation of his faithful service in the medical profession of this city, and to testify to the valuable contributions he has made to the subject of ophthalmology; be it further

Resolved, That a copy of these resolutions be sent to his family and spread upon the minutes.

W. H. Wilder then read an abstract of a paper entitled "Trachoma in Illinois."

The discussion was opened by A. L. Adams, of Jacksonville, and continued by Drs. Pusey, Gradle, Wescott, Black, and Wood.

W. H. Wilder reported a case of sarcoma of the iris.

Nelson M. Black, of Milwaukee, narrated a case of melanotic tumor of the lower lid.

Thomas A. Woodruff detailed a case of sarcoma of the iris.

Casey A. Wood reported a case of pigmented adenoma of the lower lid.

W. F. Coleman narrated a case of sarcoma of the iris.

T. H. Woodruff,
Official Reporter.

The Chicago Medical Society has resumed its regular meetings in Schiller hall, Schiller building, 103 Randolph street, at 8 P. M. The program for October 2d was: **The Origin and Progress of the Chicago Medical Society**, N. S. Davis. **Fat Necrosis**, W. A. Evans.

The following names were submitted to the membership committee: William Healy, Noble M. Eberhart, Ira H. Rea, G. W. Wagner, John A. Anderson, N. P. Calwell, S. R. Slaymaker, A. E. LaSage, D'Orsay Hecht, Thomas J. O'Malley, Milton Frank, Ira Frank, Irvin I. Heckman.

The officers contemplate publishing a new edition of the constitution of the society, with a complete roster of the members.

October 5th at 6 P. M. a testimonial feast was tendered Nathan Smith Davis. About three hundred members of the profession took part and a handsome loving cup was presented. Want of space prevents the publication of a complete account of this interesting occasion.

October 9th. The following program was presented: 1. "Outdoor Treatment of Consumption," H. M. Thomas. 2. "A Case of Fatal Localized Cerebral Disease, Probably Tubercular Meningitis," John A. Robison. Discussion by H. Favill, A. Lemke, R. B. Preble. 3. "The Surgical Treatment of Pulmonary Abscess, Gangrene and Bronchiectasis following Pneumonia," D. N. Eisendrath. Discussion by A. J. Ochsner, J. B. Murphy, F. Billings, R. H. Babcock.

Applications for membership were received from M. R. Barker, William H. Rubovits, Herman, A. White, Theodore Wild, Jr., Thomas E. Roberts, William G. Willard, J. M. Neff, G. Seim, Beverly Campbell, Herbert K. Lemon, Louis H. Friedrich, Mathias Joseph Seifert and John P. Grimes.

October 16th. The following clinical program was presented: A Case with Congenital Heart Lesion, Wm. J. Butler. 1. A Case of Gastrectomy (Carcinoma of the Stomach). 2. A Case of Gastroporrrhexis with Roux's Gastroenterotomy. 3. A Case of Benign Stricture of the Pylorus and Dilated Stomach (Heinecke-Mickuliz and Gastroplicatio), C. Beck. Demonstration of Cystoscopic Cases, L. E. Schmidt. 1. Specimen of Diaphragmatic Hernia. 2. Specimen of Intussusception. 3. Specimen of Epidemic Cerebro-Spinal Meningitis. 4. Specimen of Cerebral Hemorrhage in an Infant, I. A. Abt.

Applications for membership were received from Stella M. Gardner, C. H. Keogh, J. C. Hollister, Frank E. Palmer, Joseph L. Abt and Robert A. Noble.

October 23d. The following program was presented: 1. "Trional Fatalities," Archibald Church and E. B. Hutchinson. 2. "The Use of the Colpeurynter in Obstetric Practice," J. B. DeLee. 3. "Anterior Vertex Presentations, Their Complications and Treatment," G. Kolischer. 4. "Occipito-Posterior Positions, Their Diagnosis and Treatment," C. E. Paddock. 5. "Demonstrations of an Aseptic Throat Mirror," Allan T. Haight. These papers will be discussed by C. B. Reed, Frank Cary, J. C. Webster, Frank Billings and H. Favill.

Applications for membership were received from E. R. Scholten, J. Hess, Wm. K. Spiece, E. S. Barker, L. E. Schwartz, Edward Benedict Taylor and Henry J. Way.

Some complaint having been made from

neighboring cities that non-residents not in good standing in their local societies had been received into the Chicago Medical Society, this matter was brought to the attention of Secretary Walls and elicited the following reply:

Chicago, Sept. 24, 1901.

Dr. George N. Kreider:

My Dear Doctor:—Replying to your favor of Sept. 23d, let me assure you that no non-resident members are admitted to the Chicago Medical Society unless they are members in good standing of their local societies; however there may have been some physicians admitted who did not fulfill this qualification, and if so, it has been due to laxness in not living up to our constitution. Art. VII, Sec. 9. "All applicants for membership in the Chicago Medical Society residing outside of Cook county shall be required to furnish evidence that they are in good standing with their local society. This certificate to be signed by the president and secretary of the local society to which they belong."

I will look up the membership of — and report to you so soon as I have learned the facts in his case. You will confer a favor on our society by calling attention to any oversight we may have made and precaution will be taken in the future that no such members will be admitted.

Yours truly,

Frank X. Walls, Secretary.

The Chicago Electro-Medical Society, held its August meeting in the club rooms of the Palmer House, Tuesday evening, Aug. 27.

In the absence of the President G. G. Burdick acted as chairman, and Emil H. Grubbe as secretary.

On motion of Dr. Pratt, Dr. Grubbe was voted permanent assistant secretary of the society. Moved and seconded that at the next meeting of the society two principal papers be read. One upon some electro-therapeutic subject and one upon some X-ray subject. Carried. Upon suggestion, Dr. Baer agreed to read the paper on electro-therapeutics, and Mr. Treadwell on the theories pertaining to the X-ray.

The secretary was instructed to consult with the manager of the Sherman House for the privileges of the hotel club room as a permanent place of meeting for the society.

The secretary then read Dr. Monell's letter upon "Standards" to be decided upon at the Buffalo meeting (Sept. 10 and 11) in respect to correct nomenclature in X-ray work, after which discussions were considered in order.

Mr. Treadwell opened the discussion on the first topic, the nomenclature of the X-ray phenomena. He stated he preferred to call the radiation which proceeds from a Crooke's tube the Roentgen Ray, because it was no longer an X-ray, since many of its properties had been discovered and its nature more definitely known. The X-ray picture should be called a radiograph, because produced by radiation. The term X-ray picture is too clumsy. The term shadowgraph is poorly formed from the standpoint of philology, shadow derived from the modern languages and graph from the Greek.

Dr. Pratt objected to the term radiograph and preferred shadowgraph or X-ray picture, because radiograph implied a radiation proceeding from the tube, but not returning to it. He held that the X-ray is similar to any electric circuit excepting that its potential is higher than that of any other circuit. It starts from the outer surface of the Crooke's tube, which is positively charged, extends out into the surrounding space and returns to the inside of the tube, which is charged negatively.

Dr. Burdick held that while the term radiograph was to be preferred, it would never come into common use and would not be intelligible to the ordinary jury, whereas the term X-ray picture was in general use. He held that the radiation was still an X-ray. In the course of the discussion Dr. Pratt stated that Roentgen's real work was simply to use the photographic plate and obtain an X-ray picture of the hand, for Lenard had obtained these same rays several years before. Mr. Treadwell called into question the accuracy of the statement, holding that Lenard's rays were the Cathode rays which he let out of the Crooke's tube by a thin aluminum window. These rays were not the X-rays, because they could be deflected by a magnet and had the other properties possessed by the Cathode rays. Dr. Pratt stated that the difference between the X-ray and the Cathode ray was one of potential alone.

Dr. Hall stated that the ray was a radiation. The term shadowgraph is a misnomer, since the word means the shadow writing its picture on the photographic plate, while the reverse is the case. He stated that Lenard obtained probably some feeble X-rays along with the Cathode rays, but the phenomena was not thoroughly investigated, and the X-ray awaited the discovery of Roentgen.

Dr. Burdick spoke on the distance of the tube from the plate. By caliper measurements of the long bones and comparison with the photograph he concluded the distance should be 20 inches. At a smaller distance the bone was enlarged at a greater distance the photograph of the bone was made smaller because the rays seemed to pass in behind the bone. Dr. Grubbe discussed the same topic and stated that in chest pictures he had obtained good results at both small and greater distances.

Dr. Burdick held it would be impossible to standardize a fluoroscope as to materials contained. He stated he had found a considerable per cent of uranium in a platino-barium-cyanide screen he had analyzed for Mr. Friedlander. The necessary qualities of a fluoroscope are evident and need not be discussed; the standardization of tubes, tube holders, etc., is a matter for the manufacturers.

Ordered that the secretary be instructed to write the Roentgen Society of the United States, asking it to appoint a committee to investigate and report as to who was the first person to suggest and apply the X-ray as a therapeutic agent. Carried.

The following names were submitted for membership in the society: T. P. Hall, W. P. Coones, Walter M. Fitch, Emil H. Grubbe.

The West Chicago Medical Society met September 27, and October 3d. At the first meeting G. M. Blech read a paper entitled: **When and how to curette the uterus**, and exhibited a curette, designed by the author with which he claimed he can successfully scrape the tissues in the uterine cornea, whereas this is impossible with the ordinary curettes. (This paper will be sent to the editor of the Illinois Medical Journal for publication.) The paper was discussed by William James Gavigan, of San Francisco, G. Silverberg and E. D. St. Cyr.

At the last meeting no paper was read but the subject of carcinoma and sarcoma was thoroughly discussed by nearly all members.

Dr. Blech spoke of the necessity to support the State Society, as that body is the only one to which we can look for an improvement of the status of reputable physicians in the state of Illinois. This subject will be fully discussed at future meetings and an effort made to have every member join the State Society.

In the near future the society will give a banquet to 100 reputable, regular physicians of the west side and thus is hoped to make the society a very strong one. Such a movement has the endorsement of president St. Cyr. The society will also have a permanent home of its own, as soon as a certain building, now in the process of construction will be completed.

Among the latest members who have joined the society are: Edward Lee, Aime Paul Heineck, V. Pleth.

Gustavus M. Blech, Official Reporter.

Chicago Academy of Medicine.

At the October 11th meeting DeLaskie Miller was elected chairman. W. G. Stearns reported a case of "Fracture of the Inner-Table of the Occipital Bone, with Concussion and Contusion of the Base of the Temporo-Sphenoidal and Frontal Lobes." A well developed obese man was thrown backwards from a street car, striking his head on the pavement and rendered semi-conscious. He was easily aroused, talked connectedly, recognized friends but had no knowledge of the accident. The scalp was torn one inch below the junction of the occipital and parietal bones in line with the sagittal suture. The pupils reacted sluggishly; the left being a trifle more contracted than the right. There was no loss of power in the limbs and the reflexes were normal. The patient had intense pain in the frontal region. Persistent vomiting continued forty-eight hours after the injury. He lay in a dazed semi-conscious state for about a week, and often complained of severe headache. As consciousness was regained aphasia and amnesia was slightly in evidence. There was no evidence of cerebral pressure. Fourteen days after the injury he was extremely restless and had grandiose ideas and speech. His gait was slightly reeling and uncertain. The handwriting showed frequent substitution of letters but no tremor. The speech was somewhat slurred. Seventeen days after the injury he was found dead lying on his left side, left leg and thigh semi-flexed, as also were left elbow, wrist and fingers. On account of accident in-

surance Drs. Stearns and Kiernan were required to make a forensic autopsy. The thoracic and abdominal cavities and their contents were normal. The remains of an old contusion and laceration of the scalp in the occipital region was found. The skull externally showed no evidence of fracture. Upon removing the calvarium the skull throughout was found to be markedly thin, but not pathologically so. Dura free from skull. No extra-dural hemorrhage but a slight degree of congestion was noted over the tip of the left frontal lobe. Upon section and reflection of the dura, a thin partially organized clot was found loosely adherent to its inner surface over the convexity of the left frontal lobe and extending downward anteriorly. Upon removing the brain this clot was found to extend downward covering the entire left middle fossa and to be from 1-2 to 3-16 of an inch thick in its thickest portions. A similar clot was found covering the floor of the left middle fossa, and another covering the upper surface of the left tentorium. Slight motflings of similar but much thinner clots were found in the right middle and anterior fossae, and a few were also found in the posterior fossae. The cerebro-spinal fluid was moderate in amount and bloody. The pia was slightly opaque over the convexity and the median portion of the basal surface. It stripped freely except over areas of softening where it was adherent. The basal arteries and the cranial nerve were normal. The convex presented an area of softening on the anterior tip of each frontal lobe extending backward along the basal surface, including that portion adjacent to the longitudinal sulcus. The lesion being deeper and more extensive in the left lobe. There was an area of softening along the anterior portion of the basal surface of each of the temporo-sphenoidal lobes. Convolution deep and otherwise normal. The fluids of the ventricles was under but slight pressure and was blood stained. Ependyma normal throughout. All fibre tracts, basal ganglia, cerebellum, pons and medulla were normal. On stripping the dura from the base of the skull there was found a linear fracture of the inner table beginning at a point one-half inch to the left of the median line about two and one-half inches above the torcula. (Corresponding to the contused portion of the scalp), extending downward and to the right crossing the median line at a point midway between torcula and the foramen magnum, terminating in the foramen magnum just to the right of the median line. A second linear fracture also of the internal table joined the first at an acute angle at its upper extremity, coursing to the left at first in the line of the lambdoid suture, then going below it and passing just above the base of the petrous portion of the temporal bone, terminating at about the middle of the outer surface of the temporal fossa. In contusion or laceration of the brain symptoms apparently uninfluenced by location of the lesions are peculiarities of pulse, temperature and respiration, the variations of the pupils, the loss of consciousness, stupor and delirium. The only

symptom in this case indicative of the seat of the lesion was the speech disorder which pointed to a lesion of the left frontal lobe.

In the discussion Dr. Moyer said that the interesting point in the case was its forensic aspect. The legal rules governing physicians in forming opinion should be the same as those that govern the verdict of a jury. The question of reasonable doubt in criminal cases and the preponderance of evidence in civil cases were the factors to be considered.

J. G. Kiernan said that the preliminary history given in the case as to convulsions and grandiose ideas had guided himself and colleague Stearns in the conduct of the autopsy. All extra-cerebral causes of convulsion could be excluded and the grandiose ideas were shown not to have been the result of parietic dementia. The preponderance of evidence (the legal rule in civil cases) led the physicians by exclusion to the opinion that trauma producing the skull fracture, with resultant contusion and concussion (not of the structures in the immediate vicinity of the fracture, but those in the frontal and temporo-sphenoidal region), and their consequences was the cause of death. He asked how far it was possible to produce lesions at one point of the cerebrum by an impact received at a distant part of the skull.

A. H. Ferguson stated that an impact received upon any part of the skull might not only produce fracture of the inner table of the opposite side, but was capable also of producing laceration of the meninges and of the brain substance itself. He was convinced that a case like this ought to be trephined.

Sydney Kuh did not believe that trephining was desirable where softening had occurred.

H. T. Patrick claimed that safe rule surgically speaking in such cases was to be guided entirely by the focal symptoms and not by point of impact.

E. H. Lee would rather take the chances of non-interference here than convert a simple fracture into a compound one.

Carl H. Anderson was of opinion that there was practically no harm in trephining done by a skilled operator.

A. E. Baldwin cited a case in which trephining was done on the left side of the head, the seat of the impact, while the fracture and hemorrhage occurred on the opposite side.

Dr Stearns, in conclusion, said that when there was evidence of fracture trephining was indicated, but in a case without focal symptoms where there was not evident fracture, trephining should not be done unless there was evidence of pressure.

L. E. Schmidt read a paper on "Necessity of Exact Diagnosis in Prostate Operations." He classified prostate cases under three categories: First, urinary retention due to prostatic changes may occur when there are alterations in the prostatic urethra proper; second, when the cause is just on the border between urethra and bladder; third, when the pathologic changes in the gland impair or

completely abolish the functions of the bladder. First, it is a well established fact that the prostatic part of the urethra sometimes becomes greatly obstructed, so that urination becomes impossible. It may be due to a nodular growth of the urethra; part of the prostate compressing the urethral walls or causing a tortuous passage in the same. It is readily understood in these cases that every operation which involves that part of the prostate within or adjoining the bladder would not result favorably. The examination per rectum shows these nodules just within the anus, covering or only partly covering the rectal surface of the gland. The nodules may be positively diagnosed with metal instruments per urethra. It is an absolute necessity to remove these mechanical obstructions to effect good results. Second, the type of obstruction between bladder and urethra that borders on the internal urethral orifice may be either a symmetrical thickening or enlargement of the prostate as far as the parts encircle the internal urethral opening or a partial enlargement of single lobes. All these changes have in common that the obstacle to urination is a more or less complete barrier, practically separating the trigonum from the urethra. An operative success is to be sought for in a method by which this barrier is completely removed or is severed to such an extent that again free communication between the *bas fond* the bladder and urethra is made. A correct diagnosis without incising the bladder can only be made with the cystoscope. If the surgeon confines himself in such cases to the typical Bottini incision, the result will always be incomplete. It is necessary to make a larger number of incisions into the barrier or to make a complete incision of the collar-shaped hypertrophy after opening. Third, another cause for obstruction to the flow of urine by prostate changes is large prostate growths in the bladder cavity. Complete removal of such tumors by a supra pubic operation is indicated. Where this is not practical a permanent fistula should be made.

In the discussion J. T. Jelks did not advocate the Bottini operation. Dr. Kolischer thought some surgeons went too far in attacking prostate enlargements by the perineal route. W. L. Baum preferred the Alexander operation. A. H. Ferguson preferred the perineal operation in the treatment of prostatic enlargement. E. H. Lee urged castration in certain cases. L. E. Schmidt said that a Bottini should not be undertaken unless accurate cystoscopic results were obtainable.

Jas. G. Kiernan, Official Reporter.

The Sangamon County Medical Society held its October meeting on Monday evening the 14th. The meeting was called to order by the president, J. N. Dixon. The minutes of the September meeting were read and approved. The application of Matt. M. Hill for membership having been read and approved by the board of directors was read for the Society's consideration. Upon motion, which was carried, the secretary cast the ballot for the Society, electing him to membership. The appli-

cation of A. P. Condon to become a member of the Society was received, read and referred to the board of directors. A. E. Prince asked for the requirements regarding admission to membership in the Society, saying that a physician practicing as a homeopath has expressed a strong desire to join the Society. G. N. Kreider explained the position of the State Society on this subject and spoke of different medical societies that had had this same question up for consideration and action. The bills of the secretary for printing, postage and janitor service were ordered paid. The proposition of having a banquet in place of program at the annual meeting was placed before the Society for consideration. After several had expressed themselves it was moved and carried that the president, secretary and treasurer constitute the committee to arrange for a banquet and the toasts at same, to take place November 11th.

J. W. Kelly reported the history of a case of **puerperal fever with complication following induced abortion**. The patient was unmarried, 16 years of age. When first seen, January 13, 1901, she was in a boarding house, quite anaemic from profuse uterine hemorrhage of a week's duration. No elevation of temperature but a weak rapid pulse. No history at the time as to cause of condition obtainable. Ergot was prescribed and two days later pulse was found still more frequent and slight elevation of temperature. On the following day, January 17th, her temperature was 105°, very frequent pulse, and abdominal distention. She was taken to St. John's hospital and at 9 P. M. the uterus was curetted, irrigated and gauze drain inserted. The next morning the temperature was down. Quinine and strychnine were given every 3 hours and drain removed. Calomel in gr. ss doses were given. During the day was nauseated. Ordered 2 per cent. lysol solution for vaginal douche twice daily; sulphuric acid, quinine and mucil. acacia to assist in expelling flatus. Reduced quinine and strychnine to every 5 hours. The next day temperature 103.8°, pulse 132 to 152, frequent vomiting and five bowel movements during the day. Menthol, Ingluvin and Bis. were given for vomiting; at night temperature had fallen to 99° and pulse to 84; nausea continuing. January 19th, 7 A. M., temperature 103.8°, vomiting watery fluid mixed with blood and mucus, urine passed involuntary. January 20, temperature 103.4°, pulse 164, respiration 44, vomiting continued, great abdominal distention and belching of gas; death was hourly expected. Dr. Ryan saw the case; thought prognosis grave and advised subcutaneous injection of normal saline solution, and vaginal douche be continuous for three hours. Involuntary defecation, excruciating pain and delirium present. Digitaline gr. 1.100 hypodermatically were added to the treatment. On this day at 2 P. M. temperature was 103.2°, pulse 130. She had been receiving enema of turpentine and water, also the stimulating enema of quinine and sulphuric acid, as indicated, to enable the bowel to expel the gas. She continued about the same for two days, the pulse vary-

ing from 90 to 140. January 22d, 5 P. M., temperature 101°, pulse 130, respiration 26, by 6 P. M. temperature was 103.5°, pulse 142, with usual nausea and had had six bowel movements during the day; treatment continued without change. January 24th, 11:30 P. M., temperature 100.2°, pulse 130, abdominal distention and tenderness diminishing. She continued to improve until February 4th, during which time the temperature ranged from 99° to 102°. Complained of sore throat and difficulty in breathing and inability to sleep. On examination nothing special was found in the throat. February 4th, breath offensive, had smothering spells; examination of throat revealed a grayish membrane in fauces. She was isolated and culture taken from throat; injected 2500 units of antiphtheritic serum with no beneficial results. Microscopical examination of the throat culture showed it to be streptococcus infection identical in appearance with the streptococcus of erysipelas. At 7 P. M. this date, about 25 days after her sickness began, her pulse went to 158 with respiration only 20. When death seemed to be almost present the patient told the nurse in charge that she had taken nutmeg and something else which produced an abortion. February 5th, temperature 103.4°, pulse 170, respiration chest, right lung; dullness posteriorly as high as middle of scapula, anteriorly and in axillary line as high as 3d interspace, loud friction sounds at point one inch to right of sternum and one inch below nipple. Roughened breathing all over dull area and loud bubbling rales, having a sound like water, over the lower lobe, and deep tubular breathing over middle lobe. Left lung, dullness posteriorly as high as angle of scapula, same distance in axillary line and in front. Respiration very labored, expression anxious. Nothing abnormal in heart sounds or position of apex beat. Had not been able to speak above a whisper for 4 days. Urine contained albumin. Applied mustard jacket for one-half hour. February 6th, temperature ranged from 102° to 102.8°, pulse from 126 to 144, respiration 40 to 44. Examination of lungs showed absolute dullness or flatness over both lungs as high as angle of scapula, anteriorly and posteriorly. Friction sounds all over posterior surface of left lung, with a few crackling rales. Large bubbling rales below left nipple. Harsh breathing above line of dullness on both sides. During entire course of disease she had been receiving strychnine, digitaline, ammonia, whiskey, morphine and bromides as indicated, special attention being given to diet. She began to expectorate a muco purulent material; nitroglycerine was given. The heart continued to weaken and respiration to fail and she died February 9th at 1:30 A. M., 22 days after she was admitted to hospital.

W. Ryan, speaking of this case, thought there was a possibility of embolus existing. The salt solution was of very little benefit; saw a case recently very similar to this one.

S. E. Munson dreaded to encounter these cases. There is always an uncertainty as to what will develop. Recently saw a case arising

from abortion produced by taking ergot. Death resulting. Autopsy showed indications of which some investigators term bacteraemia.

R. D. Berry thought exact early history was very important in assisting the practitioner in treatment of these cases.

G. N. Kreider thought it difficult to always determine just what was the best plan to pursue in treating these cases, or in operative measures. Thought the worst cases occurred in young unmarried women who had never borne children, because of inefficient drainage. J. N. Dixon did not think the treatment of these cases very conducive to professional glory—too much uncertainty. In curetting these are the most serious cases we have to do this operation for. Do not operate unless the discharge is foul, prefers the dull curet. J. W. Kelly in closing spoke of curetment as as to whether it should be done, and when, are questions not yet absolutely settled. These cases are not the pleasantest to treat and oftentimes far from satisfactory.

L. C. Taylor gave a talk on **observations of European study**. The methods of instructing the seeker after medical knowledge is rapidly becoming similar in Europe and America. Fifteen or twenty years ago laboratory facilities here in this country were in a very embryonic state, and teachings were very much behind European. Diagnosis at the bedside was also much neglected. This was one of the profitable features in store for one visiting Europe in quest of medical knowledge. Clinical teaching in America during the past 5 or 10 years has made wonderful advances. The ownership and government of institutions is different in the two countries. Hospitals in Europe are under governmental supervision and the professors and instructors are government officials. In this country associations or organizations own and control the institutions. The government of and utilizing the clinical material is very different in Europe and America and the contrast is striking. The patient is used for bedside examination and the purpose of diagnosis in European hospitals, and the plodding tenacity of the German investigator, in order that an absolutely correct diagnosis be made, is remarkable. Regarding the courses given the post-mortem room instructions are valuable beyond estimation. Many autopsies are made and thoroughly done, the one doing the work usually knowing nothing about the previous history or supposed cause of death. The Germans in making a post-mortem do not generally remove any of the organs but the brain, the viscera and organs are exposed and examined in situ. This technique is taught in the course in gross pathology. Five months in Paris spent mostly in the clinics on nervous diseases proved very interesting on account of the celebrity of the instructors and the abundance and variety of clinical material. Legal medicine as brought out at the morgue in Paris is different from the instruction given elsewhere. They are exceedingly particular even to the minutest detail. In the clinics the patients are examined before presenting them to the class, and black

board diagrams made where ever it is possible to use such illustrations in the demonstration. The French work hard but not so continuously. They seem to have some leisure time for recreation and pleasure. The French doctor takes a vacation, which the German doctor can never find time to. The speaker expressed great pleasure at finding the Sangamon County Medical Society in such good working condition and the members so enthusiastic in doing their part towards making its session profitable and interesting. G. N. Kreider complimented the speaker on his clear delineation of the methods of instruction given in Europe. In Germany the professor frequently comes from small cities, having lived and worked there. When his research has proven his worth the government put him in one of the larger schools. Believed that post-mortem work was of greater value than the majority of the profession thought. J. N. Dixon expressed the belief that the idea that one should go to Europe in order to complete a medical education was not so prevalent now as formerly. The United States now offers nearly equal facilities in every respect, and in some surpasses the European facilities. L. C. Taylor in closing said he agreed that America, if not ahead, was at least apace with any country, in the advantages offered for a medical education. Students do not go there for instruction solely, but for association and information to be obtained from those who have devoted their best energies to the particular subject in which you are interested.

G. N. Kreider spoke of an interesting case of tachycardia and invited those who desired to do so to see it. Related a case of paroxysmal tachycardia that had been benefited by uterine curettment. There being no further business the Society adjourned until the November meeting.

B. B. Griffith, Official Reporter.

New Incorporations.

The Secretary of State at Springfield has licensed the following corporations:

American Hindoo Medicine company, Tuscola; capital, \$10,000; manufacturing proprietary articles; incorporators, J. Laughlin, W. H. Emery, C. H. Laughlin.

Illinois Medical Attendance association, Chicago; capital, \$2,500; furnishing medical attendants; incorporators, Isidore Hirschen, Alfred Nordheim, Max Neustader.

R. V. Wagner & Co., Chicago; makers of static machines and electrical appliances; capital stock increased from \$2,500 to \$50,000.

American Congregational Deaconess association, Chicago; not for profit; object, training women for Christian and benevolent service; incorporators, Thomas C. MacMillian, John K. Allen, Willard B. Thorp.

Physicians' Cooperative association, Chicago; capital, \$2,500; object, manufacture physicians' supplies and toilet preparations; in-

corporators, George A. Hamilton, O. R. Wainright, Clarence A. Dumble.

Manila Drug company, Chicago; name changed to Doctor Gossom Medicine company.

St. Gerard's Hospital, Chicago, 3540 Lake ave., has been declared bankrupt. The proprietors are Genevieve Burgoyne and Margaret Daley. The debts were placed at \$8,300; assets at \$2,400. E. B. McKey has been appointed receiver for the institution.

New Members.

Brown, Heman H., Chicago, member of Chicago Medical Society.

Dudley, F. T., Cerro Gordo, member of Decatur Medical Society.

Gillett, P. F., Elgin, member of Winnebago Medical Society.

Heffernan, M. T., Decatur, member of Decatur Medical Society.

Kretsinger, J. T., Leaf River, member of Ogle County Medical Society.

Rea, Ira H., Chicago, member of Chicago Medical Society.

Utley, J. H., Springfield, member of Sangamon County Medical Society.

Willard, Wm. G., Chicago, member of Chicago Medical Society.

NEW SUBSCRIBERS.

Cothern, W. R., Benson.

Scott, R. B., Venice.

Marriages, Deaths and Changes of Address.

MARRIAGES.

Geo. L. Marion, of Elgin and Miss Berg of Chicago, September 3.

Ernest S. Reedy and Miss Josie M. Ater, both of Bloomington, September 5.

W. B. S. Richardson and Miss Birdice Blye, both of Chicago, September 18.

T. J. O'Malley and Miss Helen Ahern, both of Joliet, July 10.

Geo. F. Mead of Pinckneyville and Miss Augusta McKinney of Carbondale, October 7.

J. O. Patton and Miss Helen L. Gates, both of Virden, October 2.

Theodore Wild, Jr., and Miss Eimlie L. Freund, both of Chicago, October 1.

John T. Manniere and Miss Mary S. Foster, both of Chicago, October 15.

Edw. J. Gardiner and Miss Abby J. Russell, both of Chicago, October 16.

DEATHS.

(Furnished by the State Board of Health.)

Brigham, Brayton A., in Lake Forest, October 11.

Burke, Richard H., in Los Angeles, Cal., October 4.

Cokenower, H. L., in Clarinda, Iowa, September 19.

Cullen, Frank C., in Chicago, August 29.

Johnson, Reason P., in Chicago, October 9.

Jones, Samuel J., in Chicago, October 4.

Mitchell, Grant, in Chicago, September 19.

Park, Cephas, in Oquawaka, September 23.

Scott, Amos, in Seward, September 17.

Taylor, Edward B., in Chicago, September 7.

Tolson, B. Franklin, in Chicago, September 12.

Trapp, Albert H., in Lincoln, September 23.

Ulrich, Raimond C., in Chicago, August 26.

Winslow, Frederick C., in Chicago, October 10.

CHANGES OF ADDRESS.

(Furnished by the State Board of Health.)

CHANGES IN CHICAGO.

Crysler, Walter C., 205 LaSalle st. to 2108 W. Congress st.

Garnett, Isabella M., 753 Austin ave. to 2821 Wabash ave.

Hoy, Albert H., 103 State st. to 461 N. State st.

Lee, Mathias A., 4730 State st. to 2305 Austin ave.

McHugh, John A., 91 State st. to 451 S. Winchester ave.

Meyer, Edward F., 363 N. Ashland ave. to 479 W. Division st.

Rusco, Ralph M., 5934 Princeton ave. to 5856 S. Halsted st.

Sunde, Peter H., 722 to 783 N. Rockwell st.

Welch, John P., 705 W. Adams st. to 275 55th st.

Wood, Fred W., Cook County Hospital to 683 43d st.

CHANGES FROM CHICAGO.

Fegan, Geo. R., to ———

Fisher, Frederick A., to Oak Park.

Goodhue, Wm. J. A., to ———

Hammond, Frederick A., to Springfield.

Hammond, Kathryn L., to ———

Hatfield, Cornelius L., to ———

Hawkins, Wilbur J., to St. Charles.

Hislop, Margaret, to ———

Hofman, Ferdinand, to ———

Hogan, Sarah J., to ———

Hossor, John C., to ———

Hurlbut, Sherman R., to ———

Kennedy, John A., to ———

Kuhne, Wm. B., to ———

Laidlaw, Geo., to ———

Lespinasse, Victor D., to Oconomowoc, Wis.

Luckey, Chas. M., to ———

McQuaide, Thomas L., to ———

Millican, James A., to Rock Island.

O'Connell, Patrick, to ———

Peterson, Reuben, to Ann Arbor, Mich.

Poore, James E., to Sacramento, Cal.

Reading, John W., to ———

Rosenthal, Adolph, to ———

Sloan, John M., to ———

Struthers, Herbert R., to Martinton.

Taylor, Wm. H., to ———

Tomlinson, Wm. M., to ———

Vercoe, Walter L., to ———

Weisenberg, Berthold, to ———

Wheaton, C. L., to Denver, Colo.

Williams, C. L., to ———

Willis, Geo. H., to ———

CHANGES TO CHICAGO.

Farquharson, Henrietta M., to 3534 Forest ave.
Farnum, Chas. G., to Glenfield, to Presbyterian Hospital.

Green, Wm. A., Sterling, to Chicago Homeopathic College.

Vaughan, Herbert G., to 329 W. Erie st.

Watson, Halford A., to 26 VanBuren st.

CHANGES FROM ILLINOIS.

Erwin, Geo. E. M., Bethalto to St. Louis, Mo.

Raynar, Herbert W., Minonk to Lone Rock, Ia.

Stewart, Wm. N., East St. Louis to Marshall, Texas.

Woelfle, James E., New Grand Chain to Paducah, Ky.

CHANGES TO ILLINOIS.

Condon, Albert P., Europe to Springfield.

Earel, Albert N., Oklahoma to Jacksonville.

Knopfnagel, S. A., Germany to Peoria.

Randall, T. J., to Springfield.

Rouleau, Louis G., France to Kankakee.

Vaughan, James R., to Hamburg.

CHANGES IN ILLINOIS.

Auer, Ulysses G., Grafton to Batchtown.

Avery, Wilbur M., Dixon to Lee Center.

Baumgartner, Moses M., Orangeville to Freeport.

Bedford, James R., Verona to Stronghurst.

Birch, Edward L., Hospital to Robinson.

Brewer, Edwin J., Ashton to Shabbona.

Brooks, Emery W., Beecher City to St. Elmo.

Cussins, J. St. Clair, Owaneco to Decatur.

Dixon, W. C., Terre Haute to Canton.

Ennis, Isaac B., Martinton to Gilman.

Echols, Chester M., Bonfield to Oak Park.

Exton, Lucy A., Gifford to Thomasboro.

Farley, Wm. K., Waterman to Oregon.

Feltman, Carlos A., Beardstown to Salem.

Fitzgibbons, Wm. E., Minonk to Spring Valley.

Garm, Roy H., Rock Island to Beardstown.

Gose, Chas. J., Glen Arm to Kinderhook.

Guertin, Joseph A., Le Erable to Clifton.

Henderson, Marion D., Waverly to Pleasant Plains.

Hill, Columbus C., Manito to Eddlestein.

Houston, Wm. W., Carthage to Good Hope.

Jacobs, Robert H., Stone Church to Marissa.

Jones, Mack, Springfield to Sullivan.

Keagy, Cyrus S., Browns to Grayville.

Lanning, Chas., Lyndon to Morrison.

Langston, Merritt E., Summum to Bath.

Liggitt, Flemming, L., Mazon to Rankin.

Miles, Walter, Chandlerville to Viola.

Moore, Samuel, Danville to Jamesburg.

Owen, Chalmer C., West Liberty to Loogootee.

Phipps, W. C., Medora to Lowder.

Poindexter, Joseph S., Mulberry Grove to Keyesport.

Rayburn, Chas. C., Roseville to Kewanee.

Riggs, John T., Toluca to Roseville.

Smith, Chas. A., Deland to East St. Louis.

Spence, John T., Liberty to Camp Point.

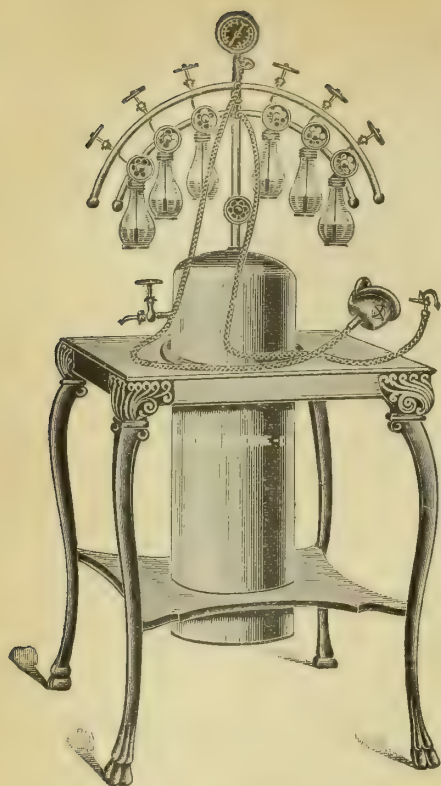
Trapp, Albert R., Lincoln to Peoria.

Trekell, John E., Buddah to Kewanee.

Wilson, J. Frank, Versailles to Bluffs.

Wright, Sherman E., Peoria to Washington.

Zimmerman, H. S., Chicago Heights to Cameron.



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ILLINOIS Medical Journal

The Official Organ
of the
State Medical Society



Monthly Under Direction
of the
Judicial Council.

Printed by
THE ILLINOIS STATE JOURNAL COMPANY.

Entered in the Springfield Postoffice as Second-Class Matter.

Volume LI, New Series, Vol. III, Number 7.	Springfield, Ill., December, 1901.	Subscription, \$3 a Year. Single Copies, 25 Cents.
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REPORTS FROM THIRTY-SEVEN LOCAL SOCIETIES IN THIS ISSUE.

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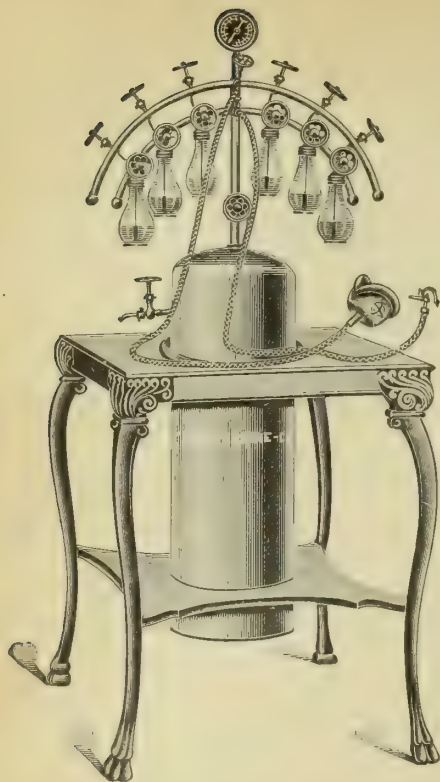
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VOL. LI.
New Series, Vol. III. {
No. 7.

Springfield, Ill., December, 1901.

{ SUBSCRIPTION
\$3.00 A YEAR.

TUBERCULOUS PERITONITIS IN CHILDHOOD. REPORT OF A CASE.*

BY A. C. COTTON, M. D., CHICAGO.

The question of the focus of infection in tuberculosis, although of much interest, need not be dwelt upon in this paper, as it has already been demonstrated that the areas involved do not necessarily indicate the point or mode of entrance of the tubercle bacilli.

Northrup's 200 autopsies of tuberculous children, showing 148 with bronchial gland involvement, leads this eminent observer to conclude that the respiratory tract furnishes the readiest access to the organism.

Still more confident is Comby, who, in 211 autopsies on young children, found 28 tuberculous, every case of which presented evidence, conclusive, at least to his mind, of invasion through the pulmonary tract. More conservative as to point of entrance are the conclusions of Guthrie as the result of 77 autopsies on tuberculous children. He found the ratio of thoracic to abdominal lesions to be 3 of the former to 2 of the latter. Nor does he consider these findings necessarily indicative of the preponderance of the pulmonary over other areas as affording least resistance to germ invasion, since he argues that "the lungs may be affected (1st) by bacilli entering the thoracic glands through the lymphatics of the pharynx, tonsils or oesophagus above; (2d) by the entry of bacilli through the thoracic duct into the pulmonary circulation by way of the right heart.

The frequency of tuberculosis of the peritoneum in childhood, the writer be-

lieves, has been underestimated. This is due to, first, the relative unimportance of disability in the child in comparison with that of the bread earners; and secondly, to the want of care in methods of diagnosis in diseases of childhood. To this may be added the extreme difficulty which frequently attends a positive diagnosis in tuberculous peritonitis.

From among the most reliable statistics at hand, we quote Clavier as follows: "Out of 135 cases of peritoneal tuberculosis, 18 were found in objects from 1 to 10 years of age, 29 from 10 to 20, 29 from 20 to 30, 28 from 30 to 40, 24 from 40 to 50, and 7 from 50 to 60 years." When we remember that this disease is rarely, if ever, found during the first year of life, and seldom in the second and third, it will be seen that Clavier's 18 cases must have occurred in the middle and latter part of the first decade, which fact would increase the percentage materially.

Of much greater importance than frequency, however, is the question as to whether the tubercular process be localized in the peritoneum. Upon this depends, to a great extent, the prognosis and treatment. The older views on this matter have certainly been much modified by the results of later investigations. Louis, among others, held to the opinion that it was never primary but always secondary. Konig's report of 2,230 autopsies in which he found 107 cases of tuberculous peritonitis, 99 of which were secondary to pulmonary lesions, leads many to the belief that very rarely is this disease primary. Munsterman, out of 2,837 autopsies, and Boschke, in 226 cases of tuberculous peritonitis, claim to have discovered only one and two, respectively, of primary tuberculosis of the peritoneum. Knopf, in Vol. XX of Twentieth Century Practice, states that "though perhaps never a primary

*Read at the Fifty-first Annual Meeting of the Illinois State Medical Society, Peoria, May 21, 1901.

disease, it may be frequently the first manifestation of an existing tuberculosis. And the same belief is also voiced in the recent work of Allbutt. Osler's report of 17 autopsies, however, throws a different light on the relative priority of the location of the tissues affected by the tubercular process, since he found of these 17 cases 5 that were exclusively peritoneal. This leads Yeo to remark that if this was the proportion in fatal cases, one might expect it to be much larger in those who recover.

Out of the many varieties, two general classes are recognized: First, those attended by a large accumulation of fluid, without a tendency to adhesions and often devoid of marked symptoms other than ascites and inanition. The second form is characterized by a smaller but more plastic effusion or exudate, with marked tendency to adhesions, with walled off collections, sometimes purulent. This latter form of inflammation is more frequently accompanied by symptoms as pain, intestinal disturbance and hectic fever. In this class the abdomen is not always distended; it may even be retracted. Besides these two, Osler gives another class as the acute miliary, characterized by sudden onset, rapid development and a serous or sero-sanguineous exudation.

In its development tuberculous peritonitis has no specific symptomatology. The first evidence, aside from general malaise, may be the enlargement of the abdomen unaccompanied by fever, by pain or other local symptoms, with the exception of moderate intestinal disturbance as diarrhoea, meteorism, &c., &c. On the other hand, it may simulate acute enteritis or typhoid fever. An unsuspected tuberculous peritonitis has not infrequently been revealed by a laparotomy. The probable diagnosis must often be arrived at after careful exclusion of all other disorders to which the obscure symptoms may be attributed. A child, showing an arrest of development, with or without febrile exacerbation, with evidence of more or less marked abdominal disturbance which may

not be accounted for by indigestion, gastro-enteritis, intussusception, hernia, atrophic or hypertrophic cirrhosis of liver, malaria or intestinal parasites, should be suspected of tuberculous peritonitis. The diagnosis must also eliminate renal, cardiac, pulmonary, aural and meningeal disorders. The history is often misleading and many surgeons claim that diagnosis before abdominal section is often impossible. Before resorting to so radical a procedure as exploratory incision, the careful physician will have exhausted all the diagnostic measures at his command, such as Widal's test, examination of blood for plasmodia, of the urine for Koch's bacilli, albumin or casts, of the sputum, if present, for bacilli, of the feces for parasites or ova, and in case of ascites, of the aspirated fluid by inoculation of guinea pigs. Occasionally a case presents little difficulty when we have, conjoined with a tubercular history, progressive emaciation, pigmented skin, hectic fever, abdominal pain, tympanites, ascites or, in absence of latter, palpable masses or nodules in the abdomen.

The importance of early diagnosis in peritoneal tuberculosis cannot be exaggerated, since it is now generally accepted that, in many instances, the arrest of a localized tuberculous process is comparatively simple, if recognized early. This is particularly true in childhood from the well known tendency for repair of tissue during the development period. While on the other hand, especially in cities, because of greater liability to concentrated infections, &c., neglected cases soon show rapid generalization of tuberculosis.

As to prognosis. Until quite recently text books rated this disease as "uniformly fatal." Within the last ten years, however, medical opinion has changed from that gloomy view, until some careful observers believe that a fair proportion of these cases makes a spontaneous recovery. Recently the surgeons have claimed to have cured as high as 50 or 60 % by operation. The explanation of the cure is one upon which scientific men are widely

at variance and is beyond the scope of this paper to discuss.

In spite of the floods of optimistic reports which come pouring in from the surgical world, one can hardly refrain from suggesting that possibly a fair percentage of these alleged "cures by operation" might have recovered spontaneously if given the same advantages that ordinarily attend post-operative hygiene. In fact, there is a growing belief that medical treatment and a judicious hygienic regimen will save a large proportion of primary cases. Evacuation of the fluid by aspiration may accomplish all that some surgeons claim for laparotomy. There are those, however, who are so enthusiastic over this operation as to assert that it should be performed as soon as the diagnosis is probable. Callie's report of 13 cases operated on, 10 of which were successful, will hardly convince the thoughtful physician of the logic of his conclusion, viz., that "these 13 cases show the futility of medicinal treatment." Rather with Yeo, Byford and Osler, we would incline to the belief that hygiene and therapeutic treatment will probably produce as good results in a majority of cases as the more radical surgery.

The fact that a discordant note is occasionally heard in the surgical acclaim, should further strengthen the physician's attitude. Wunderlich, in his thesis at Breslau in 1899, reports 10 cases operated on for tuberculous peritonitis, with the following results: In 7 absolutely no improvement; 4 died within 3 months. In one case a tubercular sinus formed and in another a fecal fistula arose.

Medical treatment: Put the affected part at rest as far as is compatible with good nutrition. Give concentrated liquid diet to diminish peristalsis, keep the patient in the recumbent position to prevent diffusion of peritonitis and to economize energy. Abundant supply of fresh air and the maintenance of body heat are essential. The stools should be kept liquid without exciting undue peristalsis. Ascitic fluid should be evacuated as fre-

quently as found necessary and the abdomen, if large, should be supported by a bandage. The well known action of creosote, guaiacol and iodine upon tuberculosis and the fact that these agents are eliminated by all the secretions (their presence in the ascitic fluid having been demonstrated shortly after administration), would tend to suggest that this form would offer a most promising field for their exhibition. Iodoform (10%) with lanolin may be applied over the abdomen daily and its internal administration is claimed to be beneficial. Cod liver oil should not be forgotten, its utility, especially in children, having been long known. Protocolein has found favor with some observers as an aid to the antitoxin producing processes of the body, and as such would be theoretically indicated.

The question of a cure in a disease or pathologic process, which is known to become latent for indefinite periods, is one which will ever be open for discussion. The patient should be kept under strict supervision until the subsidence of all symptoms and any subsequent exacerbation should be promptly met by the renewal of treatment.

History of Adam H. Aet 12 years.

Family history: Father died of tuberculosis at the age of 63. Mother living and in good health. Of eight children, five beside the patient are living and healthy, with the exception of one brother who has had persistent eczema. Of the remaining two one died of meningitis and the other of diphtheria.

Previous history: Has had measles, pertussis, scarlatina and varicella. Pneumonia at five years. Rheumatism confined to right shoulder one year ago. Has had frequent attacks of tonsillitis. In June, 1899, had typhoid fever. Entered school in the fall but discontinued after 6 weeks' attendance on account of poor health. He seemed disinclined to exertion, grew emaciated, complained of pain in abdomen and had night sweats. There was alternate diarrhoea and constipation. Some of the time he had rise of tempera-

ture. These symptoms continued through December and January and the lad was brought to my clinic February 4th.

Status praesens: Feb. 4, 1900. Emaciated and languid. Features pinched and face pale.

Eyes—Negative.

Chest—Negative.

Heart—Apex $\frac{1}{2}$ in inside nipple, sounds normal.

Lungs—Negative, although he had a slight cough.

Abdomen—Circum. at umbilicus $28\frac{1}{2}$ inches. Superficial veins prominent. On account of the great distension it was impossible to palpate liver or spleen. Fluid was demonstrated easily by percussion wave. The area of dullness changed with varying positions of the patient.

Temperature—100.6; pulse, 104; respiration, 24.

Urine showed no renal involvement.

Blood examination showed—Haemoglobin, 80 % (Fleischel uncorrected).

Red cells—4,290,000.

White cells—7,000.

Admitted to Presbyterian Hospital Feb. 23, 1900, and ordered to bed.

Was discharged April 6, 1900.

Feb. 27th—The abdomen was aspirated, a pint of clear fluid being removed. Examination of this proved: Sp. Gr. 1030. Albumin 40gm. to liter. Smear from centrifuged specimen negative. Culture in tube negative. Guinea pig inoculated died March 7th. Peritoneum showed numerous tiny tubercles.

March 26th—With a hypodermic syringe a small amount of fluid was again withdrawn and two pigs inoculated, each with 4 c. c. m. in the abdomen, one of which was killed after 18 days and found negative. The other died after four months with general tuberculosis.

From the time the boy came under observation, Feb. 4, 1900, until the present, his daily temperature has been carefully recorded. From this record we take only the following brief synopsis: From Feb. 4th to April 2d, evening temperature

ranged from 99 to 101.4, with morning temperature from 98 to 99.8.

April 2d, four days before his discharge from the hospital, his temperature assumed the normal and so remained until Sept. 19th, with the exception of an occasional subnormal dip of a degree.

From Sept. 19 to Oct. 3d an elevation appeared from 100 to 102.3, accompanied by some abdominal pain, though with slight evidence of indisposition. There was no reaccumulation of fluid in abdominal cavity. Since this time no deviation from the normal has been noted.

It will be seen by the brief synopsis of the history of Adam H. that the diagnosis of chronic tubercular peritonitis (probably of the non-adhesive ascitic class), was made partly by exclusion of other ascitic disorders, and proven by the demonstration of tuberculosis in the inoculated guinea pigs. The normal area of liver dullness (found after withdrawal of some of the fluid), the absence of hepatic tenderness, icterus, or history of syphilis or alcoholism rendered the diagnosis of cirrhosis of the liver improbable. Absence of other localized oedema, with cardiac and urinary findings normal, excluded the heart and kidneys from etiological relationship to the ascites.

Evidently this illness dated from the attack of supposed typhoid fever in June, 1900. The history points to obscure abdominal symptoms at that time, with no hint of ascites, until a month later, when his mother noticed the enlargement of the abdomen while undressing him for bed.

The suspicion of rheumatic peritonitis, excited by the former personal and family history, was dismissed not only because of its extreme rarity, but because of the chronic character of the case.

The treatment, with the exception of two aspirations for diagnostic purpose, at one time a pint and the second less than a dram being withdrawn, consisted simply of hygienic regimen with the administration of creosote, guaiacol and occasionally an emulsion of cod liver oil with syrup of hypophosphites. Elimination received

due attention. Rest in bed in hospital was maintained for about two months, since which time (May, 1900), he has gone about as usual with but slight restriction as to exercise. He entered school in the fall and has continued throughout the year. During all this time his temperature has been recorded from 2 to 4 times daily and a weekly inspection of the patient maintained. No reaccumulation of fluid in peritoneal cavity has occurred. His gain in weight and muscular vigor has been steady throughout the winter. His present condition is now nearly up to the average for a boy of his age, weight being 80 pounds, circumference of abdomen 23 inches, and of chest $27\frac{1}{2}$ inches. Had Adam H. successfully survived a laparotomy, does any one doubt that surgery would have been credited with another cure?

Three questions present themselves in reviewing this case:

First—Is this patient cured?

Second—Has this improvement been influenced by therapy?

Third—Would a laparotomy have produced any better results?

Discussion.

Dr. James B. Herrick, of Chicago. Mr. President: I want to congratulate Dr. Cotton on the care with which the diagnosis of tuberculous peritonitis was made in this case. The inoculation of guinea pigs, with death from tuberculosis, leaves absolutely no doubt as to the tuberculous nature of the peritonitis. Were it not for this positive proof, we might possibly, many of us, question the tuberculous nature of the trouble. I believe that I have seen a spontaneous recovery from tuberculous peritonitis in more than one instance, and perhaps we are all struck by the analogy between a tuberculosis of the peritoneum and a tuberculosis of the pleura, and we know how frequently tuberculosis of the pleura is recovered from spontaneously. We know, too, that in many cases of tuberculosis of the pleura aspiration of the fluid seems to influence recovery beneficially. It is not improbable, at least, that aspiration of the fluid from the peritoneal cavity influenced this case favorably, and perhaps it is not unjust to speak of this as a slight surgical procedure. In the care of cases of tuberculous peritonitis we should take as much pains, as the doctor has said, with reference to hygiene, diet, etc., as we do in cases of tuberculosis elsewhere, and the cure in these cases may be due just as much to this cause as to any surgical procedure or to any medicines

employed. We have heard Dr. Babcock relate to us today the great benefits that come from the home treatment of tuberculosis of the lung, and in cases of tuberculosis of the peritoneum and of the pleura, we should be as careful in regard to climatic and hygienic treatment as we are in cases of pulmonary tuberculosis.

Dr. Robert J. Christie, Jr., of Quincy. We had a case recently at Blessing Hospital in this city which was seen by your chairman, Dr. Center, in which a diagnosis of acute general miliary tuberculosis was made. The patient had hydrothorax as well as fluid in the abdomen. We aspirated the hydrothorax and did a radical laparotomy for tuberculosis of the abdomen. There was never any return of the fluid in the thorax, but she had a recurrence of the abdominal tuberculosis which terminated her existence.

Dr. J. W. Hensley, of Peoria. I only rise to say a few words with reference to the diagnosis of peritoneal tuberculosis. Quite recently I was called to see a patient in Pekin, who was supposed to be suffering from intestinal indigestion due to catarrh of the intestines. The woman had been ailing since the first of November. Tympanites was a prominent symptom in the case. The abdomen was so distended with gas during my visits that it was impossible to manipulate the organs below. I came to the conclusion that the trouble was malignant. I based my diagnosis upon the characteristics presented; one of which was the absence of rise of temperature during any part of the day. The patient was brought to the St. Francis hospital in this city, and had remained under my observation and treatment for some time, when ascites rapidly developed. Still there was no rise of temperature, no fluctuation, the temperature remaining very often, subnormal—ranging from $97\frac{1}{2}$ to 99 F. day after day. Dr. Sloan saw the case and agreed with me that it was one of malignant disease of the peritoneum. Physicians before me had only recognized and attempted to relieve intestinal indigestion. Subsequently Dr. Sutton was called in the case, and was disposed to differ from us regarding the character of the disease, saying that he had recently seen a case where post-mortem examination revealed tuberculosis, and that there had been the same lack of variation in temperature—as presented in this case.

There had been only slight enlargement of glands in groins. No cough—no chills, no night sweats and no diarrhoea. Examination per vaginam had revealed by touch a fixed immovable uterus considerably enlarged. Ascites rapidly developed about the end of six months from beginning of the trouble. An exploratory incision at median line was made for the double purpose of running off hydrops and determining the character and extent of the disease.

A knuckle of the ilium was drawn through the opening and found to be studded with small white spots so numerous as to be almost confluent. Passing a finger over the surface of protruding intestine conveyed a feeling of miliary tubercles or very small shot. Introducing and sweeping the finger around revealed

a nodular condition of fundus of uterus. The omentum was contracted, nodular, irregular and indurated. Everywhere so far as a finger could reach there was evidence of the ravages of miliary tuberculosis. The wound was closed and patient made as comfortable as possible. The tuberculin treatment per hypodermis was now tried for several days—but with no reaction—nor did it stay the rapidly reforming hydrops utricularius. The patient became so emaciated that it was distressing to look at her. In three weeks from time of operation she died. A week before death the cervical glands began to enlarge, still no cough—no characteristic temperature, no diarrhoea, no evidence of septicemia—patient dying apparently from exhaustion, with blood dyscrasia. The symptoms in this case surely pointed to other malignancy, rather than tuberculosis. The absence of hectic, the rapid emaciation, the peculiar cachexia, the freedom of pulmonary organs &c., all tended to the exclusion of tubercular disease and differentiated in favor of cancer. Had this woman died without the direct exploration, of her abdominal viscera, and no post mortem made—by what differentiation or pathogenesis could one be assured that the trouble was peritoneal tuberculosis? Microscopic analysis of the blood-like the tuberculin reaction will not always speak out with infallible certainty.

Dr. Edward H. Ochsner, of Chicago. The essayist in his exhaustive paper propounded three questions, and I should like to devote a moment's time to the last one, namely, as to whether better results could have been obtained by surgery. From the history of the case, I should say, that better results could not have been obtained by surgical means, but I am inclined to think the same results could have been obtained with less risk to the patient. Those who have seen a great number of cases of tubercular peritonitis on the operating table and at the necropsy have observed that there is an important class which does not belong distinctly either to the serous class, or to the class known as dry tubercular peritonitis, a class in which a great many septa are formed which may make it impossible for the different portions of the peritoneal cavity to fill with fluid and communicate with each other. In aspirating such a case, one exposes the patient to considerable risk. I have seen cases where it was impossible before an operation, or before autopsy, to determine whether adhesions existed, and consequently to determine where the trocar should be inserted. If the trocar was plunged into one cavity, others would not have been drained. In cases of this class, I am convinced that the patient will run much less risk, if he is operated on by a competent, careful surgeon, than if aspiration of the fluid is resorted to. Surgeons have slowly learned that injury to the tuberculous visceral peritoneum is extremely hazardous. I am unable to give, nor have I been able to find in the literature an explanation for this fact, but I have observed that cases which are operated on for tubercular peritonitis, if the visceral peritoneum is injured in the operation, almost always

terminate fatally. Cases of tubercular appendicitis, complicated with tubercular peritonitis, where the appendix is removed, almost always die. That is the experience of nearly all surgeons. Outside of the possibility of puncturing the intestine, which cannot always be avoided in attempting to aspirate these cases, the mere injury to the tuberculous visceral peritoneum is always dangerous and accompanied with a high mortality. The careful surgeon can avoid this, if he knows how to enter the peritoneal cavity; he can do so without injuring the peritoneal covering of the viscera and expose his patient to less risk than would be incurred by the use of the trocar.

Dr. P. L. Markley, of Rockford. Speaking of surgery in connection with tuberculosis of the peritoneum, I recall two cases that came under my observation about two months since. Both cases were under careful dietetic and medical treatment for six weeks or more with no perceptible or apparent improvement. One was a woman, forty-six years of age, the other a girl of twenty. Both had considerable fluid in the abdominal cavity. (Disease seemed to be confined entirely to abdominal cavity.) By draining off the fluid by abdominal section, and washing out the peritoneal cavity with normal salt solution and closing without drainage, both made apparent recoveries. In ten days' time the temperature was normal, while before it ran to about $101\frac{1}{2}^{\circ}$ to $102\frac{1}{2}^{\circ}$ in the afternoon, and $99\frac{1}{2}^{\circ}$ to 100° in the morning. I have taken both morning and evening temperature in both cases several times since, and have not found it above normal. It is as yet too early to say whether or not these patients will ultimately permanently recover, but they have shown marked improvement under surgical treatment, while under medical treatment they had made no progress towards recovery whatever.

Dr. E. M. Sutton, of Peoria. I have had a little experience in the last few years with tuberculosis of the peritoneum. It is difficult to diagnose in some cases and a most serious one to overcome. If the medical man, after making a diagnosis of tubercular peritonitis, places his patient on up-building treatment and the ascites continues, the pulse becomes more rapid, and the patient undergoes emaciation, he should seek the services of a good surgeon with a view to opening the abdomen. I doubt very much whether we can cure many of these cases by surgical interference after ascites becomes a marked symptom. We may some of them. My experience has not been favorable in dealing with this class of cases, all being far advanced at time of operation. They have improved for two or three weeks following treatment, then the ascites would return, the patient would waste away and die within a comparatively short time. As to whether surgical treatment is beneficial in the early stages, I believe it is. We know that in cases of tuberculosis of the testicle, where we have hydrocele, it is somewhat similar to the ascites that occurs in the abdominal cavity, and by incising the tunica albuginea, relieving tension, and operating on the hydrocele, recovery from the tuberculosis takes place. I recall the case of a

young man who was cured of tuberculosis of the testicle of a years' standing, by this procedure. It is now two years since the operation was made, and he remains well, so in tuberculous peritonitis early operation if any, may lead to cure.

Dr. C. B. Brown, of Sycamore. I wish to cite a case corroborating the remarks made by Dr. Ochsner. The patient was a married woman of a tuberculous family, who had a large amount of fluid accumulated in her abdomen. She was aspirated twice. She became greatly emaciated and only weighed about seventy-five pounds. Her abdomen was opened and the cavity washed out with sterilized water, and after this she never had a rise of temperature. She recovered. The tuberculosis did not reappear in the peritoneum; she gained about forty pounds in weight in less than five months, and for four years was absolutely well. Before the operation she had an elevated temperature for nearly a year, every day, and all the symptoms of tuberculosis. All the therapeutic treatment I could bring to bear on the case was of no avail. Her mother, brother and two sisters died of tuberculosis.

She subsequently died of pulmonary hemorrhage.

Dr. Frank Billings, of Chicago. There are two or three points I wish to speak of in connection with the admirable paper of Dr. Cotton. The first one relates to diagnosis. In all patients suffering from tubercular peritonitis I make it a point to invariably examine the rectum. Even in the dry form of peritonitis there is some fluid which by gravity floats into the pelvis. As a result, the tubercular process is more intense in that location and there are probably more adhesions between the layers of the peritoneum in the pelvis than anywhere else; loops of intestines dip into the pelvis, and through the rectum, as a rule, one can feel them. A peculiar sensation is imparted to the finger, one I have never seen or felt in any other condition. It is not unlike the exaggerated feel of a varicocele, but magnified many times, one can feel apparently loops of intestine which slip over the finger.

Another point is this: In most of the cases of advanced tuberculosis there is a tendency to ileus, either organic or dynamic, because of the co-existing inflammation of the peritoneum. The organic form is frequently produced by adhesions. In most cases of ileus the rectum will be found wide open like a sack; one can barely touch the walls as the finger passes around, yet if the finger is inserted farther, this condition I have named will be found.

It is not in every case one can use the physiologic test and make a diagnosis of tuberculosis certain. All of us have cases of tuberculosis of the peritoneum brought to us that must be treated at once; we have not time to wait three or four weeks for the development of tuberculosis in an inoculated guinea pig.

Another important point is the blood count. Anemia is not necessarily characteristic of tuberculosis, but we all know in tuberculosis, particularly if there is not mixed infection, there is leukopenia. An examination of the

fluid withdrawn from the peritoneal cavity can be made, and like the pleural fluid may contain but few tubercle bacilli, yet centrifugalization of it, and careful examination will reveal tubercle bacilli.

As to the surgical treatment, the only cases of tubercular peritonitis which I have seen recover after surgery have been those in which a simple laparotomy was resorted to without meddlesome surgery. Every case of tubercular peritonitis that I have seen operated on, in which the coils of intestine were separated, forcibly has died, and most of them have died because of meddlesome surgery. Drainage in these cases is essential. A number of cures are brought about from opening the abdominal cavity and establishing drainage, to say nothing of letting in air or sunlight, and the influence these influences may have towards effecting a cure. When the surgeon opens the abdomen in a case of tubercular peritonitis, and handles the intestines freely, he may kill his patient. However when a focal point of tuberculosis exists, in a Fallopian tube, lymph gland, appendix vermiformis it should of course be removed if too much mutilation can be avoided.

Dr. J. F. Percy, of Galesburg. In answer to Dr. Cotton's question, I am reminded of a case I had last year. A boy, fifteen years of age, was brought to me with a diagnosis of tubercular peritonitis. It developed rapidly. The abdomen was full of fluid, and there were no symptoms except this condition. It was my intention to leave the State and I did not want to operate. I left the boy in the hands of a colleague, and told him that I had informed the family that it might be necessary to at least open the abdomen. In leaving the case in the charge of this colleague, I spoke of the line of treatment I wanted him to pursue. I said to him, do nothing; keep the boy quiet and the family quiet until my return, and give him sulphate of magnesia. I was gone ten days. On my return, the boy's abdomen had assumed its normal size, and he was apparently getting well. The family were averse to having the boy brought back to me fearing that I would still insist on doing an operation. That boy seems to be well today, and of course got well apparently under medical treatment. This patient was very anemic. There was no albumin in his urine.

Within a few weeks I have had a woman come under my observation who was rapidly failing and had been for the last four months. She was also very anemic. She had been treated by some rectal specialist for disease of the rectum. On examination through the vagina: nothing could be mapped out through the vault of the vagina; the uterus was adherent; the cervix was drawn over to one side, showing that the broad ligament on the other side was involved in some kind of deposit. I made a diagnosis of tubercular peritonitis and had the woman sent in to the hospital. I opened the abdomen within a day or two and found the most extensive adhesions I have ever seen in an abdomen. A peculiarly characteristic thing in this case,

new to me, was the perfect adhesions without inflammation. The bowels were beautifully adherent below the umbilicus. I did not attempt to do more in this case than to open the abdomen and then close it. I told the woman yesterday that she could go home. I examined her and found the uterus quite movable. I have every reason to believe that my diagnosis was correct, and that the patient is going to get well.

Dr. Billings brought out an excellent point in regard to meddlesome surgery in the abdomen in this class of cases. I have seen two patients die within a few hours where there were an enormous number of miliary tubercles. Both cases were diagnosed as ovarian tumors, and the surgeon in his attempt to remove the tumor eviscerated the intestines before he could make the diagnosis, and when he had seen enough tubercles to convince him he closed the abdomen, but it was too late to save his patient. I would emphasize the point made by Dr. Billings that we cannot in cases of tubercular peritonitis do much more than to open the abdomen. It has been my custom in some cases to pour in a dram or two of ten per cent. solution of iodoform. Whether it does any good except to insult the tissues, and in that way increase the tendency toward nutritive changes which result in a cure, I do not know.

Dr. Cotton, (closing the discussion.) I am highly gratified at the reception of my paper, and the free discussion it has elicited. It is a good illustration of the beneficence of our program, namely, that the discussion is often more valuable than the paper which excites it. The succinct statements that have been made in this discussion are of extreme value to all of us, and the spontaneity of the suggestions merely shows the interest that is at present being aroused in this not infrequent disorder. As stated in my paper, I am firmly convinced that the prognosis of peritoneal tuberculosis is much brighter than was formerly supposed. I made no attempt to belittle surgical procedure in these cases. A year ago, at a meeting of the American Pediatric Society, held in Washington, during the discussion of a paper read by Dr. Caille, of New York, on operative procedures in tubercular peritonitis, I outlined this case. At that time I had not arrived at a positive diagnosis of tuberculosis of the peritoneum I had not received the returns from the inoculations. I presented the clinical history as clearly as I could from my recollection of the case, and asked an opinion from the members. There was almost unanimity that a laparotomy was allowable, even for exploratory diagnostic purposes, if for nothing else.

The mother of the boy was disinclined to submit to a laparotomy. Citing the fact that he was apparently improving. No laparotomy was done. The result I have stated. The point made by Dr. Herrick that aspiration may have filled the role of a laparotomy is an excellent one. The suggestions of Dr. Ochsner are likewise pertinent; and the additional hints regarding exploration by Dr. Billings certainly carry weight with us.

I believe, however, the practitioner need not

blame himself though he fail to overcome the prejudice of the family regarding a laparotomy, providing it be a case in which there is a large ascitic accumulation, with little or no evidence of adhesion and he attempts to treat the case hygienically.

THE TREATMENT OF FECAL FISTULA AND INOPERABLE PATHOLOGICAL CONDITIONS OF THE INTESTINE BY EXCLUSION OF THE SAME.*

BY CARL BECK, M. D., CHICAGO.

Exclusion of a portion of the intestine from the general tract without resection of the same, or side-tracking of the bowel, is an operation of German origin and development but does not seem to find much favor in this country. I see no reason why we should not avail ourselves of this feasible operation instead of struggling with a more dangerous and less promising method of extirpation, partial exclusion or entero-anastomosis. It seems that the widely differing opinions of the operators abroad have aroused the suspicion of our surgeons, hence the reluctance to use it. Nevertheless, exclusion of the bowel is a well defined, justifiable and sometimes the only method of relieving a patient of some of the most distressing symptoms. Exclusion of the bowel means to eliminate the same totally or anatomically from the course of the general tract, so that this portion afterwards has no communication whatsoever with the general intestinal cavity.

Partial exclusion means to exclude the bowel physiologically, by allowing the contents of the intestine to take a shorter route, for instance, entero-anastomosis; but, a portion of the bowel contents may use the longer route nevertheless especially if overflowing. Partial exclusion is used in gastro-enterostomy by allowing the contents of the stomach to pass into the intestine without going through the duodenum. Obstruction of any kind of the pylorus, strictures or malignant, may necessitate such procedure. The conditions in which

*Read at the Fifty-first Annual Meeting of the Illinois State Medical Society, Peoria, May 21, 1931.

total exclusion is preferable or the only indications which give satisfactory results are:

1st, Fecal fistula.

2d, Pathologic conditions which do not allow any radical treatment at the time of the operation.

Fistulae may for practical purposes be divided into such which are amenable to direct closure and such which are not. An intestinal fistula is an opening in the intestinal canal communicating with the exterior or another cavity of the body. The communication may be direct or by more or less sinuous tract; but whether direct or not is less important for our purpose than the question whether or not the lumen of the bowel may be restored to its normal width by simple excision of the fistula and suturing. If by this we produce a stricture of the bowel we exchange a disagreeable, distasteful ailment with a dangerous one, and the cure is worse than the disease. In such cases nothing short of an excision or anastomosis will benefit. An excision may be easily accomplished or not, and herein hinges the value of the total exclusion. I would therefore divide the fistula from the practical standpoint of treatment into:

1st, Easily sutured after excising of the lips and adaptation without stricture.

2d, Easily excised intestine enterectomy and easy anastomosis.

3d, Such neither excision nor anastomosis feasible. For this third class the greatest number of surgeons still apply the anastomosis of parts far away from the fistula by allowing at least a portion of the contents to pass the loop, thus partially curing the patient. But this class may be treated in the best way by total exclusion of the bowel.

The second indication involves pathologic conditions in the broadest sense, not allowing radical elimination, for instance strictures, obstructing inflammatory conditions, tuberculosis, actinomycosis, extensive abscesses, ulcerations and adhesions, cancers, etc. Such conditions may be intractable at least dangerous, for the patient, and extremely disagreeable symptoms, which

cannot be alleviated in any other manner except by total exclusion and perhaps secondarily cured.

The history of this operation is about as follows: Thierry in Vienna made experiments on animals in order to examine secretions of the intestine for purely physiologic purposes. He excluded a portion of the bowel in such a manner that he closed one end of the severed bowel and implanted the other end into the skin and united the free ends by circular enterorrhaphy. Vella implanted both ends of the excluded bowel into the skin. Salzer, an assistant of Billroth, who gave an impetus to intestinal especially stomach work, and from whom Czerny, Gussenbauer, Mikulicz and Wolfler drew their inspirations, took this matter up, made a number of experiments on dogs to test the value of enteroanastomosis. He first developed theoretically the idea of total exclusion of the bowel for curative purposes, which was taken up by others and executed on the human. The dogs operated upon by Salzer, who sewed up both ends of the excluded bowel and dropped it into the abdominal cavity, died promptly of peritonitis, and in those who survived one or two months, he found the excluded portion distended to its fullest capacity, filled with a liquid and ready to burst. He consequently admonishes not to submerge the excluded portion, but to leave a fistula.

Klecki (Ber. uber Verh des 5 ten Congress. Pol. Chir. 1893.) publishes experiments on 22 dogs which he made mainly to decide the question whether fecal matter forms in such a secluded bowel or not, and to study the influence of bacteria on such contents. In three instances he found minimal amount of feces within the excluded portion, consisting of detritus, epithelia and cholesterin crystals and many bacteria. He judges from his experiments that the operations of excluding the bowel with submerging of the same will find little recognition. Nevertheless, the operation has found many adherents and without going into the discussion of details of the single cases of the different operators,

I will state that they have developed the method to perfection and predict for the operation more success in the future in proper cases than partial exclusion. The operators belong mostly to the younger Vienna school, Eiselsberg, Narath, Nochenegg, Baracz, Obalinski, Funke and others. There is quite a discussion as to how to treat the bowel which has been side-tracked, and no final decision has been reached.

My experience has led me to formulate an opinion of the value and possibilities of the method which I will express in these words: I know of no better method to effect a palliative cure of an otherwise untractable intestinal fistula or inoperable tumor which may be employed with perfect safety to the patient, than the exclusion of the bowel. I may speak with some authority, as I had an instance in which I had to perform eight laparotomies on one and the same patient before he was cured of his intestinal fistula. An opportunity which rarely falls to the lot of one surgeon. Inasmuch as I have hitherto not published the case in detail, I shall give it here.

F. S., 22 years old, was for about twelve days under the care of Dr. S., when I was called to see him. He was suffering from a first attack of suppurative appendicitis, with an extensive infiltration, when we operated on him for the first time we had to be contented to evacuate a large amount of foul malodorous pus through the usual incision and to drain. We were cautious not to rupture the wall of adhesions towards the intact peritoneal cavity. The first dressing on the morning following the operation satisfied us that there existed a large breach in the bowel wall, because fecal matter of considerable quantity oozed out. For weeks the treatment consisted purely of cleaning the wound and trying to reduce the size of the fistula; but as it showed no tendency to heal, spontaneously, a second laparotomy was made with a view to close the opening in the bowel. But to our surprise, we could not locate the opening in the bowel. It seemed to be high up on the posterior sur-

face of the caecum and I contented myself to make a counter opening in the region below the right kidney, so as to transform the fistula into a more direct one to give it a better chance to heal spontaneously. This was of no avail and some two months afterwards another attempt was made to cure it. The two incisions were united and the entire length of the coecum and colon ascendens laid bare. Here we found two openings of different size, a larger one in the coecum and a smaller one in the colon ascendens. Both were treated in the usual manner. The bowel stitched, and the skin sutured, but it did not heal. Nothing remained now but to exclude the coecum and colon ascendens totally from the intestinal tract. The fistulae were temporarily closed and the laparotomy performed, after a difficult dissection we finally succeeded in transversely cutting off colon ascendens near the hepatic flexure, invaginated both sides and closed them by suture. Likewise the ilium was cut across about three inches from the caecal valve, the caecal end closed by invagination and the other end united with the colon transversum, end to side, with a Murphy button. After closure of the abdomen, we observed the patient and during the first two or three days all the fecal matter seemed to pass per rectum; but five days after the operation we had to admit that something had occurred, though we did not lose our patient from peritonitis, the new channel somehow established a communication and we noticed the fecal matter escaping by the old fistula. In the following operation I satisfied myself that the button had passed into the side-tracked bowel, thus frustrating our efforts. There was nothing else to be done but to stick to it and so we decided to keep on excluding, and fortunately this the last time. I used in this last operation, which was performed in a similar manner as the one before, Dr. Frank's coupler. Dr. Frank kindly assisted. It worked well and we had the pleasure to see our patient recover, gain rapidly in weight and spirits. His fistula ceased discharging fecal matter, but to this

day he still squeezes out a whitish detritus from the multilocular sac of bowel, which is nothing but a discharge of the mucous coat. It took eight laparotomies to cure this patient. Strange to say, the Murphy button remained in the blind bowel and to this day the patient, who does not have any bad symptoms from this accident, has not returned to have it removed. I have no doubt it will work itself out. So far as I have been able to learn from literature, this case is unique in many respects and deserves to be recorded.

Shortly afterwards, I had two cases of side-tracking of the bowel almost identical. In both we had to deal with inoperable inflammatory conditions of the ilio-coecal region.

2d Case. A young man operated upon for appendicitis; appendix removed; wound continued discharging. Patient fell off rapidly. About two months after his operation he developed symptoms of sub-acute intestinal obstruction; in a very bad condition when brought to hospital. A large, hard swelling, in right inguinal region, with a central fistula from which there came slight oozing of fecal purulent matter. Immediate operation advised performed. Opening of the peritoneal cavity, coecum was found the seat of extensive tubercular process. Extending from the valve about three inches upward on the coecum, transforming it into a mass of granulations within the cavity. Peritoneum shows the characteristic multiple tubercles and the whole region deeply infiltrated and hard. An immediate removal of the whole process would have necessarily killed the patient. Anastomosis above and below the lesion would have afforded only slight relief, inasmuch as part of the contents would have passed through the loop and kept up an irritating inflammation. But excluding totally, with a view of opening up the excluded portion afterwards, curretting it and treating it like an external wound afterwards, gave all good prospects. Operation succeeded and to side anastomosis between ileum and colon ascendens (Dr. Frank's

coupler was tried, but failed), so suture was done successfully. A topical treatment was started for tuberculosis, but the patient left the hospital.

3d Case. Very similar to case No. 2, in history and course. A girl of twenty operated upon for appendicitis had severe pains and recurrence of the disease. Inasmuch as the appendix had been left in the abdominal cavity, it was thought that this was the cause of the fistula discharging fecal matter. A re-operation advised. Very similar conditions were found in the abdomen as in case No. 2. An excision of the tubercular process was impossible and an exclusion therefore decided upon. The patient recovered fully, gained considerably in weight, lived for about ten months after the operation, when she was carried off by tuberculosis of the lung.

Case 4. This was a case of an extensive rectal stenosis from lues in which, besides incontinence for thin evacuation, a partial obstruction existed for formed feces. Mrs. B., had been suffering for six years from different symptoms of lues treated by one of our most eminent specialists. No cure had been effected. On the contrary, tertiary symptoms developed and continued developing notwithstanding the most vigorous treatment. One of the most distressing symptoms came from the destruction of the rectum which was transformed into a very painful crater-like ulcer of a depth of about two inches, above which the bowel was constricted irregularly; the extent of constriction could not be ascertained by external methods. No method of treatment was known to me for such a trouble heretofore except inguinal colostomy, which may be sufficient for cancer, because the patient will not live very long with it, but which is the most distasteful operation for any other ailment with which the patient has to live. Exclusion of the stenosis seemed the best method available, and it was performed in November, 1899. A laparotomy was done, the flexura cut across at the point of the longest mesentery, which was about an inch and a half above the strictured bowel. The distal end was

closed by invagination, the proximal end implanted into an opening next to the crater-form ulcer which had been made for this purpose. A plastic of the mesentery of the sigmoid flexure was necessary in order to lengthen it so that the bowel could safely be brought downward without impairing its nutrition. The bowel itself was twisted somewhat in order to produce the effect of a sphincter, a method which is known as the Gersuny method in surgery. The patient gained rapidly after this operation. She was in perfect health for over a year and a half, but lately developed the symptoms of malignant lues, which breaks out in her lung, causes haemoptoe, which no doubt will carry her off at some future time, inasmuch as no effect is shown by the largest doses of iodides or the free use of quick silver.

If we review these cases of total exclusion of a portion of the bowel, we come to the conclusion that it affords excellent means in curing of otherwise absolutely intractable conditions. The ideal method of operation would naturally be the removal of the diseased portion, but such is impossible at the time and therefore the next best thing should be resorted to, and if the condition is favorable or it is desired after the patient has rallied an excision may be very easy. The exclusion of the rectum is an operation which is not only brought into use in strictures, but also in cases, as I had one not long ago before the Chicago Medical Society. What could we do with a case of atresia and if the imperforated bowel could not be reached from below. On the first day of life we are glad to perform a colostomy which saves the little patients' life, but later on, we have to perform an operation similar to the Case 4, leaving the extirpation of the blind pouch, if such is necessary for much later.

DISCUSSION.

Dr. R. A. Kerr, of Peoria: Mr. President—I would like to ask Dr. Beck what becomes of the secretions when the intestinal glands are excluded in that portion of the bowel? It is well-known, that we have in that region various glands which would keep on func-

tionating if he leaves the bowel *in situ*, as in this case. Would not the secretions distend the bowel and afterwards cause trouble?

Dr. Kreider: I would like to ask Dr. Beck if the diagram he has shown represents the size of the fistula which existed?

Dr. Beck: In answer to the first question, I will say that that part of the subject is fully discussed in my paper, but I did not read it on account of lack of time. The bowel contracts; there is a mucous discharge. If the bowel is left *in situ*, there is a discharge, and the fistula outside is kept open. It discharges a slight amount of yellowish-white material.

As to the second question, this illustration is a little exaggerated, not very much though. I wanted to make it visible from a distance, consequently I drew it a little larger than it should be.

Dr. George N. Kreider, of Springfield: The reason I asked Dr. Beck as to the size of the opening was to bring out a fact, because within the last thirty days I have seen a case which was treated in a simpler way, and so far the patient has done very well. The case occurred in the practice of Dr. Ryan, who is here. I was called to the case at the third operation, Dr. Ryan having made two previous operations on the patient for appendicitis. The first time he operated he removed a large amount of pus; the second time he got a fecal concretion, and with that an opening into the bowel very much larger than the one Dr. Beck has represented in his diagram. Of course, these openings look very much exaggerated in the eyes of the surgeon, but in this case it looked to be as large as a silver dollar, the opening being in the cecum. As soon as Dr. Ryan called me, we began to work and proceeded to take out another fecal concretion, removed the appendix, made a simple sewing of the bowel, and fortunately we had no recurrence.

Dr. Ryan, who came from the hospital last night, tells me that the patient has made a recovery by this simple manner of procedure.

Dr. Beck, (closing the discussion): As to the indications for this operation. I had reference particularly to intractable fistulae in a friable bowel, which will not heal under any consideration because the peritoneum does not heal. The bowel is infiltrated in these cases, and consequently healing is interfered with.

PURULENT OPHTHALMIA OF THE NEW BORN.

BY WILLIS O. NANCE, M. D., CHICAGO.

Professor of Diseases of the Eye, Chicago Clinical School; Assistant Surgeon, Illinois Charitable Eye and Ear Infirmary.

My apology for presenting a paper on a subject that has been so freely and frequently discussed in medical societies and

*Read at the Fifty-first Annual Meeting of the Illinois State Medical Society, Peoria, May 21, 1901.

in medical literature, is the intense practical importance of a thorough understanding of the diseases by the general practitioner.

While not attempting to introduce any new points concerning infantile purulent ophthalmia, I desire to record a few thoughts that have occurred to me to be of considerable practicability in a rather extensive experience in the management of this class of cases.

First of all, I desire to align myself with the advocates of Crede's method of prophylaxis. The use of a 2% solution of nitrate of silver dropped upon the eye of the newly born infant is a procedure that has undoubtedly prevented the occurrence of the disease in thousands of instances. Carried out as a routine measure in most lying-in institutions, the method is not generally employed in private practice. There can be little objection urged against its use, and much can be said in its favor. The technique of instillation is of considerable importance. The infant should be securely held to prevent possible injury to the eye, the lids gently drawn back, and the remedy applied by means of a dropper, the solution being let fall not directly upon the cornea, but at one side. These simple directions being carefully carried out little subsequent irritation will be noted.

Regarding the bacteriology of ophthalmia neonatorum there is one point of importance, and that is, that the disease is not necessarily one of gonorrhoeal conjunctivitis. While the gonococcus plays an important part in its causation yet it must be remembered that one or more of the other pathogenic organisms which find abode within or without the vagina may be the infecting agent. I have had under my care during the past six weeks two cases of severe ophthalmia neonatorum, one presenting considerable destruction of the cornea, in which repeated examinations failed to disclose the presence of the gonococcus in either instance.

The essentials in the successful management of purulent ophthalmia cases occurring in the new-born are: (1) Early diag-

nosis; (2) skillful technique in the eversion of the lids; (3) prompt and thorough application of medicaments to cleanse the eye, and neutralize the action of pathogenic organisms; (4) intelligent and conscientious nursing; and (5) attention to the physical condition of the patient.

With the clinical picture of ophthalmia neonatorum so typical, and the indications for prompt treatment so obligatory, it is astonishing how, in many instances, much precious time is lost in applying inefficient and dilatory treatment, the disease in the meantime making destructive inroads, from which the eye often never recovers.

A certain amount of skill is required in the eversion of the lids, as more or less edema is always present. It is absolutely necessary that a good view of the cornea be had, and in the application of medicaments, the conjunctival surface of the lids should be well exposed in order that all parts of the diseased membrane may be touched in its application. This point, I consider of great importance in the treatment of the ophthalmia neonatorum. Repeatedly have I observed cases treated with perhaps the same remedies, improve at once, the conjunctiva up to, and including, the retrotarsal folds being included in the applications. In everting the lids, one must employ a certain amount of gentleness, lest he damage the cornea, or in case the cornea be already ulcerated, rupture it. This unfortunate accident not infrequently follows a violent attempt to forcibly evert the upper lid. If the lid retractor be used, the same caution applies.

For the purpose of cleansing the eye of its purulent discharge, perhaps the most important feature of the treatment, an irrigator should be employed. The vessel should hold at least two quarts and should be placed not more than one foot above the patient's head.

The irrigator in its entirety should be frequently cleansed, particular attention being paid to the nozzle. A strip of antiseptic gauze wrapped about the latter and renewed occasionally will be of assistance in accomplishing this end, and besides, will

possibly lessen the danger or injury to the cornea, in case of carelessness on the part of the nurse.

The eyes should be freely irrigated both day and night at intervals sufficiently frequent to keep the parts free of the rapidly forming pus. I have had patients under my care, whose eyes have been flushed at intervals of fifteen minutes for many hours. The nurses are invariably instructed to keep the eyes free of discharge, and the importance of the procedure explained to them.

The matter of sleep on the part of the patient should not influence the attendant in performing her duty. After the infant has been under treatment for a short time, the irrigation can generally be done thoroughly without awakening.

The subject of nursing in ophthalmia neonatorum is a matter of the greatest importance, and upon the intelligence and faithfulness of the attendants in many instances, to a great extent, depends the success or failure of the treatment. On accepting the responsibility of caring for a case of purulent ophthalmia, provision should immediately be made for the employment of two intelligent persons (preferably female) one of whom should be in constant attendance upon the patient, both day and night. The mother, as a rule, is physically unfit, on account of the lowered vitality incident to the parturient period to render much aid in the care of the patient.

It is the imperative duty of the physician to see that the nurses selected are intelligent, and trained, to a greater or less extent, in the care of infants. He should not only instruct them verbally regarding the mechanical cleansing of the eyes, but should practically demonstrate the maneuver. Frequent supervision is absolutely necessary. This point, I contend, is of the greatest importance. It has been my observation that nurses, well trained in other departments of surgery, are weak in the care of eye patients, generally from fear of doing injury to the delicate organs of vision.

A factor often ignored in the management of cases of purulent conjunctivitis of the new-born, and one of considerable significance, is that relating to the physical condition of the patient. My attention has more than once been called to this fact. Poor nutrition is always a damaging agent in the prognosis of this disease, the cornea being much more liable in bacterial invasion and dissolution. Prematurely born children or those of a weakly constitution, or those artificially fed, deserve particular attention and care, in this connection.

As to the local remedies employed in ophthalmia neonatorum, and which, by the way, are not so important, in my opinion, as the manner in which they are used, they are exceedingly simple. The solution of boric acid, 3 per cent., is perhaps as efficacious as any that can be used for irrigation. Concerning applications, I have yet to observe the claimed superiority of any of the newer preparations over the nitrate of silver. I am accustomed to apply the silver, in the average case, presenting a free purulent discharge, of the strength of 2 per cent. and daily increase the strength until the symptoms ameliorate.

It is not my unusual custom to employ solutions as strong as 10 and 12 per cent. in severe cases. In the first few days of the attack, when the discharge consists of a thin straw-colored serum, such applications are positively harmful. It is at this stage of the disease that the lids are usually swollen—possibly to the extent as to prevent free eversion. It is in such a case that canthotomy, freely done, will be of great benefit in relieving pressure effects, and allow free exposure of the retro-tarsal folds, so necessary to reach in making applications. Canthotomy is not a difficult operation to perform, and the benefit following its performance, is generally quite effective.

The employment of cold compresses is oftentimes of decided value in the treatment of purulent conjunctivitis. By reducing the temperature of the conjunctiva, the condition is rendered less favorable for the growth of microorganisms. Pledgets

of cotton, or small pieces of sterile gauze, moistened and laid on a cake of ice, may be applied for several hours at a time. They should be changed every minute or two, and after three or four hours continuous application, may be discontinued for an hour, and then employed again. When swelling of the lids subsides, or corneal haziness or ulceration supersedes, it is well not to use the compresses. The eyes should be carefully examined on the first, and on each succeeding day for corneal ulceration. If such occurs, atropin in iodoform ointment may be employed. It is a well-known clinical fact that corneal involvement in this disease always makes the prognosis grave.

It is not at all obligatory that the patient, suffering from purulent conjunctivitis be confined to a darkened room, as is still the custom in the management of acute ocular disorders, in some localities, but should be taken occasionally into the open air and even into the sunshine, the eyes being shaded by means of a dark veil. The infant should receive baths at regular intervals followed by friction, and should be placed under a strict regular dietary and hygienic regimen.

There will occasionally be met a case of ophthalmia neonatorum that does not do well even when the diagnosis has been made early and intelligent treatment instituted promptly, but the great majority of cases conscientiously treated from the beginning, will have a favorable outcome.

DISCUSSION.

Dr. Charles B. Reed, of Chicago: Mr. President. We can hardly overestimate the importance of this subject when we consider the figures given by Dr. Wilder of 18 per cent. blind in our State institutions by this disease. These cases come under my observation, particularly with regard to the birth of these children, in the poor districts of Chicago, and I agree entirely with Dr. Nance that the gonococcus is not always the cause of the infection. I am sure, in many cases, filth is one of the most important agents. In the Lying-In Hospital of Chicago, with a record of approximately 5,000 cases of labor, we have probably not to exceed six cases of ophthalmia neonatorum. In at least three of these cases the infection could be traced directly to other sources of infection than those furnished by the discharge of the patients themselves, that is, external sources. A mild boric

acid solution was formerly employed which, with the lids everted and thorough irrigation of the conjunctiva, has generally been thoroughly satisfactory. I believe, however, that the treatment in these cases, and the success that has attended it, has not been due so much to the boric acid solution, which is a very weak antiseptic, as to the extreme care and aseptic methods adopted by the attendants. I believe it is fully as important as any routine method of treatment that can be adopted for the prevention of this disease.

The treatment of the disease, after its inception, has been thoroughly gone into. Within the last six weeks we have begun, in the Lying-In Hospital of Chicago, the use of the Crede method, owing to one or two suspicious circumstances which arose in connection with some of the cases, and will probably continue it until some external circumstances are changed.

Dr. William H. Wilder, of Chicago: The available statistics on the subject of blindness show that in this country it is probably on the decrease in the last decade. This decrease in blindness is probably due partly to the fact that physicians are becoming better acquainted with the importance of treating their cases of obstetrics antiseptically; I mean with reference particularly to the eyes of the children. We are all familiar with the fact that the introduction of the Crede method in large maternities has reduced blindness from ophthalmia neonatorum to an insignificant percentage. Probably there will always be a certain amount of ophthalmia neonatorum, because there will be some cases in which infection comes from intra-uterine sources; in other words, infection gains entrance into the eyes of the child before it is delivered. I was an enthusiast on the subject of the Crede method at one time, but I do not believe it is necessary for the general practitioner to use the Crede method in every case. If there is any suspicion that we have infection to deal with, the Crede method is necessary. The injection of ten grains of a two per cent. solution of nitrate of silver into the eyes of the new-born child will sometimes excite a catarrhal inflammation of the conjunctiva, severe in its character, so that unless we suspect an infection, and feel that certain antiseptic precautions are necessary, it is quite satisfactory to merely cleanse the child's eyes with boric acid solution.

Dr. Horace M. Starkey, of Chicago: I wish to speak to two points. First, the technique of the Crede method. The Doctor spoke of dropping the nitrate of silver solution into the eye with a medicine dropper. If I am not mistaken, the original recommendation of Crede was that a glass rod should be used. Dr. Nance would not get enough nitrate of silver in the eye dropper to run over the face, but with a glass rod a small drop must be dropped into the eye, and there is no possibility of getting in too much. I would emphasize the fact that it is not always gonorrhoeal ophthalmia that is fatal to the eye. That has been spoken of by Dr. Wilder, and it is not so many years ago before this Society, that I made the statement, if we

found there were gonococci present in any of these cases, we must treat them with the greatest care and solicitude. On the other hand, if they were not found, we could feel comfortable. Since that time cases have arisen in my practice where there was no suspicion whatever of gonorrheal infection, where careful examination failed to find any gonococci, yet, in spite of early treatment, the cornea became ulcerated and perforated. So that in all cases where there is any purulent inflammation of the eyes, the patients must be given the greatest care at once and continually.

Dr. Nance (closing the discussion): Regarding the remarks of Dr. Wilder concerning the use of Crede's method of prophylaxis, I can hardly see how one rule can be made for the management of hospital cases, and another one for the management of cases met with in private practice. One of the points I tried to bring out in the paper was that this disease is not due entirely to the gonococcus. The reason for making that point so prominent was the fact that at times general practitioners will not think it their duty to use some means of prophylaxis in certain families on account of their high moral standing and respectability. I should say, there can be little objection urged against the use of this method of prophylaxis, and that it should be more generally adopted.

Concerning the use of a glass rod instead of the dropper, the point made by Dr. Starkey is a good one. The reason that the dropper is more generally used is on account of its more general availability.

THE DOCTOR AS AN ETHICAL LEADER.

BY MARGARET T. SHUTT, M. D., SPRINGFIELD.

Response to a Toast at Annual Banquet of the Sangamon County Medical Society, Nov. 11, 1901.

Mr. President, Ladies and Gentlemen:

The other day a young friend of mine who knew I was to say a few words to-night, asked me on what subject I expected to talk. When I told him he repeated in "tones of wonder and amaze." "The Doctor as an Ethical Leader! I think you would find a great deal more to say if you talked about 'The Doctor as a Grafter.'" I repeat this because I believe that that man voiced the sentiments of a large proportion of the public. Notwithstanding the fact that the average honest doctor is the most purely altruistic of all professional men he continues to be misunderstood and his motives to be distrusted.

The doctor devotes his life to teaching

principles, which, if followed out, would take away his own livelihood, for, thus far at least, the doctor's mission is supposed to be the cure of disease not its prevention and for that alone is he paid.

The physician gives himself almost unreservedly to the poor as the thousands of hospitals of civilized countries prove, where the poorest patient receives the care of the very ablest physician without paying one cent for it, and yet such service is often most grudgingly received. Very often, while a student, I have found occasion to remind some sulky patient under the care of a great diagnostician or surgeon that if he were a Vanderbilt or Rockefeller, he would probably employ the same physician, only in that case he would pay some thousands of dollars for the attention.

I firmly believe that the average conscientious doctor is following the injunctions of the sermon on the mount more closely than the members of any other profession, not even excepting the ministry, and yet he is not accorded the place as an ethical leader that should be his due. I want to consider a few of the reasons why this is so.

There was a time when the doctor was surrounded by a halo of mystery. His profession was just on the borderland between the occult and the ordinary world, and this was sufficient to give him a certain prestige. When he brewed strange herbs at certain fixed times of the moon, used asps and spiders and precious stones in compounding his drugs, and sold love philters and charms, he carried with him an atmosphere of the wierd and eerie and was consequently impressive.

As years passed medicine moved from the confines of the unreal, and still the medical student was rather outside of the ordinary. He was said to be in collusion with body-snatchers and grave-robbers, and he lived in a world attractive from its very repulsiveness. He was only a shade more law-abiding than the highwayman. All this lent a tinge of the romantic to an otherwise commonplace personality.

Still later when medicine had become a recognized science, and was accorded

a share, at least, of public support and approval, and its devotees became everyday citizens, a new air of the mysteries was added when the germ theory of disease was first accepted, for these minute organisms first made their bow to a wondering people under the chaperonage of the physician. Nowadays we have changed all that. A ten year-old youngster is intimately acquainted with germs. As each new one is isolated, it is illustrated in the Sunday newspapers, where, too, every other new medical invention or discovery is exploited, usually with the addition of many imaginary details, which add greatly to their interest. So at last the doctor has lost the last shred of protecting mystery, and stands in the garish light of day only a plain man, devoid of all fascinating trappings.

Probably nothing has done more to injure the physicians' influence than the accusation that he is given to petty jealousies. We are told that, excepting musicians, no body of people distrust each other so much as physicians, that every physician's hand is raised against every other physician. Though such reports have been greatly exaggerated, I fear that in the past, they have had some foundation in fact, hence I rejoice in just such gatherings as this, where doctors may become more closely acquainted. After all human nature has so much good in it that it is scarcely possible to know anyone well, without finding much to admire and love in him.

The growth of specialism, in an indirect way, has had something to do with the physician's loss of personal influence. In the good old days when the family doctor reigned among us, (I am thankful to say he has not been entirely deposed yet) he was the friend and mentor of each member of the families he cared for. He shared their joys and their sorrows, and gave them advice in times of perplexity. They named their babies after him, and the doctor was the model after which the children of the family were trained. Long acquaintance bred such confidence in his patients that his very presence meant

healing and comfort. They were literally loyal to the death, and did not discard their doctor as carelessly as they would a last season's hat. It was only a sort of distorted loyalty that caused the following incident:

A certain physician was called in to see a member of a family who did not regularly employ him. After examining the patient who proved to be suffering from a malignant type of confluent smallpox he said to the head of the family. "By the way isn't Dr. Smith your family physician? Why didn't you call him in this time?" "Well," the man answered, "you see we kind'er thought Mary had the smallpox, and we knew it was dreadful ketchin', so we didn't like to risk him."

In these days when a patient has one doctor for his eyes, another for his throat, and so on *ad infinitum*, there is not the same opportunity for the growth of closer ties between the doctor and patient. Though I most firmly believe in specialism, yet I am confident that the family doctor has a place too, and that not a mere distributing agent among the specialists either, and should he disappear I believe that the doctor, the patient and the world at large would lose much.

There are certain physicians who use doubtful expedients with the idea of making an impression. Perhaps these are the true "grafters." We have all heard of the doctor who has attempted to acquire a practice by the cut of his beard, or his fur overcoat, or his well equipped coupe. On the whole such devices are harmless, and are only successful when the doctor's brain possesses a certain amount of dynamic force which attracts like an electric magnet, and such men would succeed at any rate.

But there are others who indulge in more questionable practices. The doctor who habitually permits indirect advertising of his work in the newspapers is violating the code of medical ethics to which he has subscribed, and hence is lowering his own moral tone, and indirectly that of the profession at large. The physician

who makes a habit of voicing grave prognoses with the idea of subsequently performing apparently miraculous cures is sure to be found out sooner or later. Then he becomes a laughing stock in the community and the whole profession bears the brunt of it.

There is another type of man who wins a following by an assumption of great wisdom. These are usually fresh from medical college, but occasionally an older man is so impressed with the profundity of his own knowledge that he convinces others. It was a man of this class who not long ago took a budding young doctor to task for his egotism. He said "Well, Harry, there is this to be said about it, at any rate. You will get over it in time. Now when I first left college I thought I knew all there was to know, when, as a matter of fact, it was fully five years before I reached that point."

Perhaps the chief reason the doctor does not make the public impression he ought to make, is the fact that he keeps out of politics. Just why the political machinery of this country should be so largely given over to the lawyers I have never understood. Nor do I understand why the House of Representatives of these United States should only contain two doctors out of its nearly four hundred members, nor why we have a Department of Agriculture represented in the cabinet, and no Department of Public Health. I trust that the doctor may soon enter the political arena, and there secure those measures which will insure the advancement of all branches of sanitary science.

But after all it is not in the public walks of life that the deepest impressions are made. If one wishes to teach a moral principle there is only one way to do it. It is not by talking about it nor even by legislating about it. It must be lived in the sight of the people. One who has made such virtues as justice brotherly-love and mercy dramatic in the public eye by living them, is the real teacher, and no man or woman has a greater opportunity to do this than the physician.

The doctor has always been a popular character in fiction, and I can think of two such characters who exemplify the qualities I have named, and it is said that both are based on living exemplars. I am sure that Dr. McClure of the Bonnie Brier Bush is familiar to you all, and that his heroism, wisdom and utter lack of selfishness have impressed you. Perhaps you are not all so familiar with the woman physician, Ruth Leigh in Charles Dudley Warner's "Golden House." She was most truly a friend to the poor, and she received as her reward their unswerving loyalty and affection.

But it is not necessary to turn to fiction for such noble lives. They are being lived all about us. Our own Nathan Smith Davis has not only always yearned "to follow knowledge like a sinking star, beyond the utmost bound of human thought," but has also followed closely in the footsteps of the Healer of Galilee. Such lives as his are more eloquent than sermons, and I thank God that they are being lived by earnest and conscientious physicians in every part of this broad land of ours.

RHINOLITHS.*

BY J. WHITEFIELD SMITH, M. D., BLOOMINGTON.
Oculist and Aurist, Chicago & Alton R. R. Co.; Lecturer on Physiology and Hygiene, Illinois Wesleyan University; Member of the staff of Physicians and Surgeons, Brokaw Hospital; Ex-Supt. of the Illinois Asylum for the Feeble Minded Children.

The case to which I desire to call attention is that of a child, Katherine R., aged four years and eleven months. The patient was referred to me by Dr. C. M. Noble, of this city, August 13, 1901. Owing to the timidity of the child a superficial examination only was made at this time. This showed hypertrophy of both tonsils, and a foetid nasal discharge. The mucous membranes were cleansed with an antiseptic alkaline detergent and a prescription of camenthol 3% with lavoline was given, to be used in a spray at home;

*Read before the McClean county Medical Society, October 3, 1901.

and the patient requested to appear at the office after three days for a more extended examination.

A muco-purulent discharge from the right nostril with a peculiarly offensive odor, had existed for a period of fifteen or sixteen months.

On the 17th of August, on further examination, I found in the right inferior meatus the source of trouble—a small rhinolith somewhat imbedded in the soft tissues. Without much difficulty it was loosened with a probe, and then extricated with a pair of small forceps. Considerable hemorrhage followed, which, however, soon ceased.

The concretion weighed eight grains, was oval in shape, flattened from side to side. The surface was slightly roughened, showing the imprint of the impinging mucous surface. After removing the rhinolith, the discharge and offensive odor entirely disappeared.

Rhinoliths or nasal calculi are of so infrequent occurrence, that according to a well known author in *Rhino-Laryngology*, "each individual case is usually considered worthy of a record by itself." According to the same author, the earliest record of one being removed was by Gardi in 1502. During the past four centuries, since then, more than one hundred cases have been noted.

Rhinoliths are governed by the same general law in their formation as calculi in other organs of the body.

Ordinarily time is an important factor in the formation of calculi, and especially when they are developed in the nasal fossa. It takes months for them to attain to any considerable size. The manner of growth is by the deposition of the mineral constituents of the normal nasal secretions upon the surface of some foreign body, or some kind of nucleus. This may be a blood clot, desiccated mucus, or hard foreign body.

They are usually round or oval in shape, with a rough or uneven surface, and of a dark gray color. Their shape, no doubt, is somewhat determined by the shape of the cavity in which they are formed.

The chemical composition of these calcareous concretions, according to Berlioz, is as follows:

Phosphate of Calcium.....	48—62%
Carbonate of Calcium.....	10—20%
Phosphate of Magnesium.....	5—10%
Organic Matter (exclusive of foreign nucleus).....	17—18%

It should be noted that there is an excess of phosphate of lime in their chemical constituents, and it is thought by some (Graefe) that the gouty diathesis favors their formation. Furthermore, rhinoliths are usually developed in adult life, but some cases have occurred in children. Clark and Baber both have reported cases occurring in children.

Ball reports a case in a child of four years of age; and the author's case herein reported, the child was four years and eleven months old.

Rhinoliths produce some deformity or displacement of the neighboring parts in which they are located. In the report of Hendley's case, the nose was swollen. Bovill's case was accompanied with facial paralysis. Rhinitis caseosa characterized Hill's case. Marked deflection of the nasal septum to the left occurred in Marsh's case; and deflection of the septal cartilage to the right was present in one of Price-Brown's cases.

In the last two cases the calculus was concealed behind the septum. The diagnosis should present no difficulty.

In children we would expect to find a foreign body without the mineral deposit, whereas in adults, if a foreign body has been imprisoned in the nose for some months or years, there is usually a calcareous deposit, which gives rise to a gritty sensation when touched with a metal probe. Nasal calculi have been mistaken for osteomata and even carcinomata. The treatment consists in the removal of the rhinolith, which usually is easily accomplished by the use of a probe and forceps. Very large formations have occasioned the necessity of enlarging the nasal orifice by an incision through the ala nasi. This is seldom necessary; when they are too large to be removed en masse by the forceps,

they should first be broken up by the nasal lithotrite.

BIBLIOGRAPHY.

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Ball: Diseases of Nose and Pharynx, Page 199.

Price-Brown: Diseases of Nose and Throat, Page 110.

Bishop: Diseases of Ear, Nose and Throat, Page 278.

Walsham: Practical Surgery, Page 357.

509-510-511 Griesheim Building.

FINAL REPORT OF COMMITTEE
ON ARRANGEMENTS.

To the Editor:

Our business as Committee of Arrangements for Peoria Meeting, 1901, is now settled satisfactorily to all concerned.

As said before—it was my aim to do nothing that might lead to confusion hereafter. By printing the report in Society transactions it will serve as a guide to the Quincy Committee on Arrangements—and keep them in due bounds regarding their privileges.

The surplus money accruing from exhibitors' rentals makes a nice little sum to be in reserve for Legislative Committee when needed. But we must bear in mind that exhibitors should not be taxed beyond reason.—for if this should be, they will remonstrate. We tried to make it pleasant for them and at the same time not impose burdensome rentals. No committee can tell in advance just how to arrange these rentals, because it cannot be determined up to the very last day just what will come in from exhibitors, or indeed just what the expenses of the Session will be.

We may have charged too much for spaces, but aimed to keep within reasonable bounds, by charging about what other places had done. In order to save trouble and to keep in harmony with exhibitors, I think the Quincy Committee should be advised on this point, so that we may not be accused of trying to make

money out of exhibitors—very far beyond the amount to cover the legitimate expenses of the Session of State Society.

DETAILED REPORT IN FULL—SPACES SOLD.

Sutliff & Case.....	\$25 00
Allair & Woodward.....	25 00
Wm. Ohl.....	20 00
Sharp & Smith.....	35 00
Searl & Hearneth.....	25 00
Globe Mnfg. Co., Battle Creek...	35 00
W. T. Keener.....	25 00
E. H. Colgrove.....	20 00
Maltine Co.....	35 00
Fairchilds Bros.....	25 00
Horlicks Food Co.....	25 00
Oakland Chem. Co.....	20 00
Smith, Kline French Co.....	5 00
Mellins Food Co.....	10 00
Mulford.....	15 00
American Malt Drug Co.....	20 00
Imperial Granum Co.....	25 00
Keasbey & Mattison.....	20 00
Tilden Co.....	25 00
Billings Clapp.....	15 00
Park Davis Co.....	10 00
Wm. R. Grady.....	20 00
Rigaud & Chapoteau.....	20 00
Perfection Chair Co., Ind.....	20 00
Dios Chemical Co.....	15 00
Truax, Green & Co., extra room.	60 00
Stearns & Co.....	20 00
Britman.....	15 00
Waterbury Chemical Co.....	15 00
Antiseptic Sphenoids.....	7 50
W. D. Allison Chair.....	15 00
Squibb.....	10 00
W. B. Wagener.....	15 00
St. Louis Granular Co.....	15 00
William Wood & Co.....	5 00

\$722 50

DISBURSEMENTS.

Badges, \$39.00; express same, \$0.40.....	\$39 40
Stamps and stationery and printing.....	37 80
Ribbons for badges.....	95
Stenographer 8 days for assistant secretary.....	8 95
John A. Bush, printing signs and notices on canvass and card boards.....	7 00

Y. M. C. A. Hall rent 4 days....	135 00
Woman's Club Music Hall, rent Tuesday evening exercises....	25 00
Herald Plowe, director of Bradley Symphony Orchestra, Tuesday evening.....	20 00
Vocal solos and duets, Tuesday evening, Mr. Burdick and Mrs. Mihigan.....	15 00
Spencer's Orchestra, annual din- ner reception.....	20 00
E. Frank Brown, printing.....	14 10
Rent of 200 tables for exhibitors (Marcy).....	50 00
Music, vocal, annual dinner.....	10 00
Printing, blue prints and archi- tect's drawings....	10 50
Postage and other incidentals, committee.....	11 00
Janitor's fees.....	9 00

\$413 70

From this deduct the local fund.. 63 00

\$350 70

Add to the amount received from
exhibitors..... 722 50

The balance of \$90.00 contributed
by hotels and manufacturing
pharmacists of Peoria, after
paying \$27.00 towards ladies'
carriage ride Wednesday P. M.,
the remainder is..... 63 00

\$785 50

This we do for the following reasons—

First we paid more for badges in
order that we might have some-
thing nicer than usual, proba-
bly..... 13 00

Then by error in calculation we
ordered 60 tables more than
was used and had to pay 25
cents each for them..... 15 00

The vocal solos at annual dinner
were at our expense..... 10 00

The extra hall for Tuesday even-
ings, public addresses and
other exercises we regard as ex-
tra and at our expense..... 25 00

\$63 00

This makes the legitimate re-
ceipts.....\$722 50
And legitimate expenses..... 350 70

Leaving a balance of.....\$371 80

Which we herewith hand over to the
Treasurer of the State Medical Society as
net proceeds.

Your Committee of Arrangements have
tried to keep within due bounds, by not
exceeding their privileges in providing ac-
commodations for the Session of the State
Medical Society. We make this care-
fully considered report for the benefit of
and for the guidance of future Committees
of Arrangements. The number of ex-
hibitors being far more than usual at our
annual meetings, greatly increased the pro-
ceeds from this source. We do not think
we were too high in our charges for exhib-
itors' spaces, because we furnished all with
whatever tables they wanted at our expense
and extended to them all proper attention
and due courtesies.

J. W. Hensley, Chairman.

THE BENEVOLENT LADY AND THE NEWS- PAPERS.

For several years the advertisement which
appears below has been published in the papers,
especially religious weeklies. Of course every
professional man knew there was a fraud
somewhere in it, but the game was so cleverly
worked that the all-wise gentlemen of the press
did not see it until they had given away many
columns of space and barrels of printers ink.
Had this swindler paid his printing bills he
might still be robbing the public. The way
the scheme was worked appears from the clip-
ping.

"To the Deaf: A rich lady cured of her
deafness and noises in the head by Dr. Nichol-
son's artificial ear drum, gave \$10,000 to the
institute so that deaf people unable to procure
ear drums may have them free. Address the
Nicholson Institute, 780 Eighth avenue, N. Y."

"To those willing to take advantage of the
free offer it was represented that the institute
was a purely philanthropic concern and was
not operated for profit, but that the medicines
which it was necessary to use with the ear
drum must be paid for by the patron. The
postoffice authorities satisfied themselves that
the scheme was simply one to sell medicine at
exorbitant rates and that philanthropy played
no part in the operations of the company. The
promoter of the scheme has left for a foreign
port."

The Illinois Medical Journal.

The Official Organ of the State Medical Society.

EDITOR—George N. Kreider, M. D., Springfield.

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All communications should be addressed to the Editor, 522 Capitol Ave., Springfield, Illinois.

The Society does not assume responsibility for any statements or opinions published in the JOURNAL.

The JOURNAL is published monthly. The subscription price is \$3.00 per annum in advance. The JOURNAL is furnished free to the members of the Society.

Entered at the postoffice in Springfield as second class matter.

DECEMBER 1901.

OTHER STATE SOCIETIES—Alabama.

The history of medical organization in Alabama is interesting and its present plan of organization based on a state law combining as it does the medical associations of the counties and state and the State Board of Health in indissoluble bonds is unique. Our colleagues in that jurisdiction boast of the complete and powerful organization which they possess. After a careful study of the plan we willingly concede many good ideas in the constitution, by-laws and book of rules as promulgated by that wonderful organizer, Jerome

Cochran, and his successors in office. We doubt very much, however, whether it would be possible for such a state as Illinois to adopt the Alabama plan. That state is largely agricultural and sparsely settled. There are only two towns of any size, Mobile and Birmingham, and neither of them has 40,000 inhabitants. The state has nearly the same area as Illinois, but only about one-third the population, and one-fifth the number of physicians. Alabama has 66 counties, Illinois 101. As a general proposition the regulation of the practice of medicine is easier in the

country where every one is known to every one else than in the large cities where quite the converse is true.

Hence the enforcement of a law would be easier in Alabama than in Illinois.

The enforcement of the law regulating the practice of medicine in Alabama is placed in the hands of 67 distinct bodies, to-wit: The Censors of the State Medical Society who also compose the State Board of Health and 66 County Boards of Censors who are required to examine anyone applying to them who wishes to practice in their respective counties, provided such person holds the diploma of a reputable medical college. Eleven of the counties do not report examinations. The fifty-five reporting state that they examined 133 applicants and refused certificates to 13. It is evident that there will be a difference in the character of the examination given by these numerous boards of examiners and it appears that certain gentlemen have discovered the soft spots on the map and conveniently decide to make their professional *debut* where the easy speakers are located. A few days later they can move to another county. Imagine the throng of Chicago gentlemen who would flock to Pope or Hardin counties for their credentials in case such a law were in force in Illinois. The Board in Illinois which gave the easiest examination and received the customary fee for it would soon be rich beyond their dream of avarice. The penalty for a violation of the law in Alabama is a fine of from \$25.00 to \$100.00. The eminent gentlemen who are devoting their services free to the afflicted citizens of Illinois could well afford to pay this sum in every county they visit and still get away with a well filled pocket. However, strange to relate, illegal practitioners are not unknown in Alabama. In Jack-

son county it is said the Society has often tried to stop the two or three illegal doctors, but the officers and juries fail to punish them. Choctaw county has eight members of the State Society and five illegal physicians.

Altogether nearly forty illegal practitioners are reported in the State. This is two per cent. of the total number. Gentlemen who are inclined to criticise State Board of Health examiners in the north would do well to consider these figures. In Alabama the licensing power rests as near the people (practitioners) as it is possible to place it and yet abuses occur. In our next number we will consider some other features of the Alabama Organization.

AMBULANT AESCULAPIANS.

The responses to our article on professional pirates in the November number have been encouraging. Many have expressed gratification that something is being done to arouse the public and profession to a realization of the extent of this great and growing evil. Many are inclined to ask: What is the use? and to give the answer that nothing can be done. We beg to differ with these pessimists and to express the belief that much can be done. The way to relief will be long and arduous. Many discouragements will be met. Many of those who should be our assistants will be found giving aid and comfort to the frauds. Unfortunately some of those aiding the quacks will turn out to be regular practitioners who have been feasting on the crumbs which fall from the table of the pirates. We know of an individual who has placed his splendid talents at the disposal of one of the most notorious robbers, of course dividing fees. In certain cities

as we have before stated, the attorneys of the State Board of Health allege that they are unable to secure the necessary co-operation of the profession because the reputable physicians of the community are profiting in some manner by an unholy alliance with these people. The statement was made and not contradicted that certain physicians of Nevada, Mo., protected the notorious magnetic healer Weltmer in his fraudulent transactions on the plea that his confidence game brought money into the town. It was only when the U. S. postal authorities declared that he was obtaining money under false pretenses that he was brought to judgment. Brethren these things should not be. They emphasize the oft repeated statement that the medical profession has more to fear from traitors inside its ranks, than from enemies without. We must continue this struggle for professional purity or abandon our high ideals. Just how best to proceed to exterminate the pirates does not now appear, but we are sure that when the public are made aware of the extent of the evil a means will be found which will be effectual. Many of the advertisers will be found to have no legal right to practice in this State. Recently there appeared in Danville two men who advertised themselves as "Quaker Doctors."

The newspaper statements of these parties are a little worse than the ordinary, and perfectly illustrate the old adage of stealing the livery of the Lord to serve the devil. For example:

"Remember the quakers have a world-wide reputation as to truthfulness and square dealing with their fellow men. Their new discovery of absorbing medicine by electricity in paralysis, loss of manly vigor, rheumatism and all diseases of the nervous system is a Godsend to suffering humanity. Medical men stand appalled at the marvelous cures that are being effected wherever this system has been introduced."

One of the prominent practitioners of

that city instead of making terms to do their operative works, or passing by in silence while these vultures fed to the full, began an investigation. He reported them to Secretary Egan of the State Board of Health. At Mattoon on the 21st and 22d of November, other hirelings of the Quakers made their appearance. These included one practitioner licensed in Illinois, a lawyer styling himself a judge, and another alleged practitioner of medicine not holding an Illinois license.

Secretary Egan says: "When referring to the various medical institutes and advertisers in the Journal, I would suggest that you ask the members of the Society to notify me of the appearance of any advertising quacks in their immediate vicinity. In the case of a representative of an 'institute' or 'company' the name of the party representing it should be obtained. We need—we absolutely require the co-operation of the medical profession to succeed in this work."

In our previous article we neglected to mention this class of pirates which is particularly dangerous. We refer to the class who do not advertise under their own names, but hide behind a screen and entice suffering humanity into their places by advertising a trade mark or name such as the British Medical Institute, or British Doctors, the Illinois Infirmary, The Dr. Whyte Associated Specialists, the Quaker Doctors, etc., etc. The British Medical Institute or Doctors has plants in Springfield, Galesburg and Joliet. The wording of the advertisements in the papers of these cities are the same almost word for word, and state that "these eminent gentlemen have consented to give their services free for three months." In each city "the chief associate surgeon of the institute is in personal charge." "Male and female

weakness, catarrh and catarrhal deafness, also rupture, goitre cancer, all skin diseases, and all diseases of the rectum are positively cured by the new treatment." When the three months are up the ad. reads, "owing to the vast number who have been unable to see them, the British Doctors have extended the time for another three months," and so these philanthropists continue their labors.

The Illinois Infirmary advertises in Springfield, Quincy, Danville and Kewanee. We are informed that the parties in charge of the Springfield branch are J. Alvin Horne, a graduate of the Central College of Physicians and Surgeons, Indianapolis, 1897, president, and Charles N. Brockington a graduate of the Jefferson School of Medicine of Louisville, Ky., 1882, superintendent. The address of C. N. Brockington is given in Polk's Directory as 24 Washington ave., Minneapolis, Minn. J. Alvin Horne, presumably, the same person advertises in his own name in Rock Island, where he has the assistance of one J. A. Millican of Chicago, 425 E. 63d st., a graduate of the University of Victoria College, Toronto, Canada, 1888.

In all the advertisements of this combination the wonderful virtues of the X-Ray is urged. In Springfield the advertisement read. "The X-Ray machine proposed to be used upon President McKinley, now in Springfield. Every one invited to see it. The machine is used successfully for the cure of cancer, rheumatism is absolutely cured." Truly the static machine is a great plaster for the advertisers. For them there is nothing it will not cure, and the effect of a sight of the mysterious rays on the minds of the ignorant public is more marked than ever has been the faith cure or Eddyism.

Finally we must not neglect to inform

our readers of the further history of Dr. Guy W. O. Mitchner, as stated in a Hillsboro News sent us by Secretary Trigg of the Montgomery County Society. No tears of sympathy would be shed if Judge Miller should be required to pay the amount of the bond.

Two indictments were found against Dr. Guy W. O. Mitchner, both for obtaining signature to a written instrument under false pretenses. One indictment is for fraudulently obtaining the signature of Seth E. Washburn to a \$35 note, the facts of which have already been published in the News. The second indictment was for obtaining the signature of Moses U. Hurd to a \$65 note under false pretenses. In the Washburn case Dr. Mitchner was bound over by a justice of the peace several weeks ago. He has not been here this term. His bond is \$500 and Judge Amos Miller is his security. This week Judge Miller received a dispatch from a party in Memphis, Tenn., stating that Dr. Mitchner "is sick in another state," and could not be here this term. It is probably Dr. Mitchner's intention to allow the bond to be defaulted. The chances are the people of Montgomery county will never again be permitted to look upon the face of "The Master Specialist of the Twentieth Century."

THE PASSING OF PRATT—THE OBLITERATION OF ORIFICIALISM.

Another fad is dead. The Journal of orificial surgery, after a nine years existence is extinct. Pratt the high priest of "orificial philosophy" who filled such a large place in the surgical world of Chicago about the time of the world's fair has been abandoned by the majority of his disciples and left to reflect on the uncertainty of human nature. Often some good comes out of fads. There is sometimes a grain of wheat in all the chaff, but as far as we can learn not a vestige of surgical truth remains of all the exploded theories advocated by Pratt. Pratt forfeited the respect of medical men of all schools when he embraced osteopathy and appeared in Springfield in 1897 with several Stillites and vainly tried to induce Governor Tanner to sign the osteopathic bill passed by the legislature.

The Indiana Medical Journal has made such a good exposure of this subject that

we take pleasure in giving place to some extracts from an editorial which appeared in the September number.

"The fad spread until, once on the table, the victims of the "official philosophy" were not removed until "all-round-official-surgery" had been accomplished.

Such rape was never done upon the human body; the rectum was dilated, "pockets" removed, the meatus urinarius dilated to finger size, and the hood of the clitoris split open. Volumes have been written upon this last procedure, which was hearkened as the final touch in the creation of the new woman.

Dr. Pratt writes in detail of a woman, moribund from the long anaesthesia required for the "all-round," whom he restored to life by making a laparotomy, and lifting the uterus from the underlying plexus.

There was an immediate flock of disciples at the heels of this necromancer from all schools and no schools, but mainly homeopaths. As official surgeons, they could compete with the scientific surgeons in their localities. They were open to any new fad, for the capacity to be a dupe in one field shows a mind and nature open to all. Dr. Pratt himself attended the Missouri School of Osteopathy, and adopted and defended the system. The derelicts of other sectarian schools gathered under his roof-tree.

As to Pratt's "American" operation it has left a legacy to the present generation of rectal ectropion, incontinence of feces and gases and life-long misery.

Indeed, nothing would be more interesting or more pathetic than the morbidity and mortality statistics of the half-baked surgical fledglings who have taken their certificates of a two weeks' course in Dr. Pratt's annual class in official surgery, and set themselves up from San Francisco to Brooklyn as converts to the "official system." Not surgical lesions alone, but all diseases were to be cured by attention to the rectum, the meatus and the clitoris. Then came the certain crop of infection and failure, death and disaster, and, of course, reaction. The reaction is shown in the present humility of the officialists, the abandonment of their sanitariums, and the refusal to support any longer Dr. Pratt and his journal.

A story of failure spreads over a large community, and disaffection follows.

The report is current of two sisters from a nearby Indiana town who visited the World's Fair at Chicago. One of them was advised by her homeopathic physician to be "resystematized by official surgery"—nothing serious, but a good opportunity to have Nature's imperfect work perfected. She visited and was treated—but how about her sister. Like begets like, and sister had better be examined. Yes; some "official conditions" pending, and danger imminent. Result: "All-round-official-surgery," and both sisters returned very quietly to their homes, riding in the baggage car, hands over breast, feet foremost. The two sisters had taken the advice given by Dr.

Pratt in his answer to the question, page 591 of the leual issue. "To what cases is official surgery applicable?"

"When other helpers fail and comforts flee,
Then take a whirl at Official Surgery."

Ever present in the writings of Dr. Pratt is that vanity and self-consciousness which destroys their power and value. Dr. Pratt is inrospective, while medical science is notably objective. He is constantly listening to himself, and no doubt hears inward voices. He is a pathetic figure and deserves sympathy rather than scorn. Graduating from a sectarian school nearly thirty years ago, he lacked the courage and insight when he got into practice and his eyes were opened, to renounce this phantasy and ally himself with progressive medicine.

Other men in Chicago have made the same mistake in going through homeopathic colleges, but when they were up against the real thing and found there was no sect in science, they retrieved themselves, revised and completed their education and have received high honors from their fellows. But Dr. Pratt threw himself into the storm and stress of the new pathology and surgery, retaining his old weapons and sectarian notions. He might have had easy sailing fifty years ago, but not in the last twenty years. He has made the fight and he has failed, as all must fail who will not or can not "give up pretending to believe that for which there is no evidence."

STATE REGISTRATION OF NURSES.

A movement on the part of the trained nurses to have some sort of controlling Board appointed is a movement in the right direction. The masqueraders wearing the cap and gown are becoming so numerous and obnoxious that some movement for self protection is as necessary for the nurses as for the practitioners of medicine. One serious difficulty is the character of the standard to be set up, for it is obvious that there are not enough graduates of the high class schools to fulfill the demand. Perhaps it would be temporarily expedient to establish grades and supply the applicants with certificates permitting them to undertake cases and receive compensation according to their knowledge and ability. Whatever movement is undertaken by the nurses for raising the standard and protecting the individuals and the public will, we are sure, receive the hearty support of our members.

State Items.

The Secretary of the State Board of Health has prepared blanks to conform to the law of May 11, 1901, which goes into effect January 1, 1902, requiring reports of deaths and births and for which the county pays under certain circumstances a fee of 25 cents. Our members will do well to familiarize themselves with this law and see to its enforcement.

The vacancies on the Board of State Commissioners of Public Charities caused by the resignation of Miss Julia Lathrop and the Rev. Emil G. Hirsch have been filled by the appointment of Mr. A. S. Wright of Woodstock and Dr. J. A. Glenn of Ashland.

The average number present in the fourteen institutions during the quarter ending Sept. 30th was 9,712. The actual number present on this date was 10,445.

The total expenses incurred during the quarter were \$691,433.95.

New Members.

Bates, Frederick H., Elmhurst, member Fox River Valley Society.
 Bair, F. M., Benton, Wis., member JoDaviess County Society.
 Courtright, C. W., Chicago, member Chicago Medical Society.
 Dean, O. A., Campbell Hill, member Southern Illinois Medical Society.
 Hamilton, J. W., Mt. Vernon, member Southern Illinois Medical Society.
 Roberts, Thos. E., Chicago, member Chicago Medical Society.
 Wright, C. E., Scales Mound, member JoDaviess County Medical Society.
 Winstead, M. L., Wetaug, member Southern Illinois Medical Society.

Local Societies.

The Champaign County Medical Society met in the Julia F. Burnham Hospital, October 17th at 3 o'clock P. M. with Dr. Martin in chair, members present were Drs. Martin, Howard, Mandeville, Matheney, S. W. Shurtz, R. D. Shurtz, Hoffman, Spears, Harmon, Craig and

Johnson. Dr. Martin read a paper on **Habitual Constipation** which was discussed by Drs. Hoffman, Howard, Craig, Johnson, Shurtz and others.

C. B. JOHNSON,
 Official Reporter, Pro Tem.

The Jacksonville Medical Club met in regular session Saturday Oct. 19, 1901.

The meeting opened with reports of cases, which, following the lead of the first case turned upon fractures, principally of the "green stick" variety.

The president announced that hereafter all business and report of cases should be closed and the topic of the evening called promptly at 9 o'clock.

The discussion was opened by H. C. Campbell with report of a recent case. Subject: **Puerperal Eclampsia**. All present took part in the discussion.

Meeting of November 16th. Eight members present. Edward Bowe in chair.

A number of cases of interest were reported and discussed, notably a case by Dr. Norbury of **paretic dementia**, the patient being married and making numerous extravagant commercial contracts while in this condition. The symptoms of these cases and the legality of such marriages was discussed.

George Edward Baxter was elected to membership.

The subject of the evening **gonorrheal rheumatism** was presented in a paper by Edward Bowe. Following is a synopsis:

General consideration. History of disease. Recognition of relation of certain forms of joint inflammations to local gonorrheal infection recognized and described by Selle and Swedianur in 1781. Later clinical observations. Early bacteriological researches by Neisser, Hock, Thayer and Bloomer. The true nature of the disease as shown by clinical and bacteriological studies.

Etiology—A local infection, the necessary precursor of a systemic infection. Time that may elapse between local and general infection influenced by (a.) patients susceptibility. (b.) exposure to traumatism, cold, etc. (c.) too early and improper treatment; more cases of gonorrheal rheumatism being due to this cause than to all others combined. Relative frequency in sex—male more frequent sufferers. Age—those of early and middle adult life.

Symptoms—Degree of variance, from mild myalgia to profound systemic infection with septic athritis, endocarditis and death. Special foci of infection. (a.) joints and surrounding structures. (b.) muscles and fasciae. (c.) serous membranes. (d.) ocular lesions.

Pathology—(a.) Consideration of local infection. (b.) Changes in secondary loci. (c.) Relation of gonococcus to secondary foci. (d.) Influence of mixed infections. (e.) Permanent lesions.

Treatment—Medical and Surgical. Medical—rest, anodyne, antipyretic, tonic. Surgical—Puncture drainage, antiseptic.

Prognosis—Favorable in most cases.

DAVID W. REID,
 Official Reporter.

The Peoria Medical Society held a regular meeting November 5th. The new officers elected for ensuing year were: M. L. Marcy, president; Robt. Hanna, first vice-president; L. A. McFadden, second vice-president; E. M. Eckard, secretary; Emma Lucas, treasurer. Censors for 3 years, E. M. Sutton.

C. W. Collins read an interesting and instructive paper on **face presentations** and reported a case of extreme difficulty which resulted favorably. The paper was well discussed by J. L. Miller, Roskoten, McFadden, Davis, Sutton and others. The point of disagreement being as to the justification of symphysiotomy and abdominal section. The following candidates were proposed for election at next regular meeting. Drs. Lenimer, Weil, Early and Webber. The Society now numbers 68 members.

E. M. ECKARD,
Official Reporter.

The Brainard District Medical Society met in the city council chamber, Lincoln, Ill., Sept. 24th at 10:30 A. M., President Kirby in the chair. Members present: Kirby, Hurst, Eldridge, Lowrie, Brown, Woodward, Reed, Jennings, Glenn, Burnham and Norbury. Visiting physicians, Drs. Milligan and W. W. Houser. Dr. Bozarth of Mt. Pulaski applied for membership. Censors report being favorable he was duly elected.

A fitting tribute having been paid our deceased Secretary, Katharine Miller, Dr. Woodward of Lincoln read a paper on **Puerperal Fever**. While Irving Newcomer of Petersburg presented a paper entitled **Food and Drugs during pregnancy and lactation**. Both papers were thoroughly discussed by the members present. Society then adjourned to meet in Jacksonville, January, 1902.

JAMES L. LOWRIE,
Official Reporter.

The Perry County Medical Society was re-organized at Pinckneyville, November 13th with the following officers and members: C. G. Reagin, of Duquoin, president; W. L. McCandless, of Pinckneyville, vice-president; and J. W. Smith, of Pinckneyville, treasurer and secretary, and T. W. Dunn, M. C. Carr, R. D. Pope, of Duquoin, W. L. McCandless, G. F. Mead, H. P. Huntsinger and Guy Morrison of Pinckneyville, J. T. Marlow of Tamaroa and J. S. Templeton of Cutler.

The Society meets on the second Tuesday of each month in Pinckneyville at 2 P. M., meetings to be held in the circuit court room. The first meeting was held in the parlor of the Winsor Hotel. President J. T. McAnally, of Carbondale, of the Illinois State Medical Society was present and gave valuable advice and assistance. It was decided that the April meeting shall be the annual meeting, at which time officers shall be elected for the ensuing year.

J. W. SMITH,
Official Reporter.

The Marshall County Medical Society was organized at Lacon, Ill., on Oct. 25, 1901. Out of 24 physicians in the county 11 were present

at this meeting. J. W. Pettit of Ottawa, who had been appointed by the State Society to assist in organization of county societies, was present and aided materially in the work of organizing.

Two of the pioneer members of the original State Society were present viz: Robt. Boal and L. G. Thompson, both of Lacon. Although Dr. Thompson is now 85 years of age and Dr. Boal 94, they are both in full possession of all their faculties and took a lively interest in the proceedings of the meeting.

They are the only two survivors of the first Illinois State Society meeting.

The following officers were elected for the ensuing year:

President, E. S. Everett, Lacon; Vice-President, C. W. Shepard, La Rose; Secretary, W. G. DuFour, Henry; Treasurer, H. C. Young, Lawn Ridge.

Next meeting will be held at Lacon on second Tuesday of May, 1902.

The Pike County Medical Society met Oct. 24th. The following members were present: H. T. Duffield, F. M. Crane, W. E. Shastid, C. E. Beavers, Harvey Dunn, R. O. Smith, G. U. McComas, R. H. Main. Minutes of last meeting were read and approved.

1. W. E. Shastid presented clinical notes on **pterygium involving the entire cornea**. The operation was followed by excellent results. The pterygium grew from the inner canthus and covered the entire cornea. Good vision was restored.

2. **Metastatic pan ophthalmitis** in a lady following erysipelatosus pyaemia. Extirpation and recovery.

3. **Traumatic Strabismus** caused by fall and injury to the head.

There was considerable discussion by the members and reports of cases of **Choroiditis and pan ophthalmitis** by Drs. Smith, Duffield and Main.

L. D. Dunn reported a case of **traumatic gangrene** in an old man which brought forth quite a lively discussion on the forms of gangrene and the causes—which was participated in by all the members, and many interesting cases were reported.

The subject of the cause of death in President McKinley, was discussed at some length.

R. H. MAIN, Official Reporter.

The Rock Island County Medical Society.

Upon an invitation issued by the medical and surgical staff of St. Anthony's Hospital, Rock Island, twenty-four regular practitioners of Rock Island County, partook of the banquet at the Harper House, November 12th.

After a general expression of opinion regarding the advisability of forming a Medical Association, it was unanimously decided to effect a permanent organization, to be known as the Rock Island County Medical Society.

Carl Bernhardt of Rock Island was elected president, L. D. Dunn of Moline, vice-president, J. G. Swenson of Moline, secretary and W. L. Eddy of Milan, treasurer.

The following committees were elected:

Executive, membership, constitution and by-laws, publication and auditing.

The Society will hold bi-monthly meetings the third Tuesday in each alternate month, annual meeting to be the third Tuesday in November.

The first regular meeting was held Nov-19, 1901, at the Harper House, Rock Island, when the following program was presented:

Typhoid Fever—A. M. Beal, of Moline; discussion, C. C. Carter, Rock Island. **The Use of the Curette in Puerperal Sepsis**—G. L. Eyster, Rock Island. Report of **Two Cases of Curettement**, Followed by Very Peculiar Symptoms—C. Bernhardt, Rock Island. Discussion opened by L. D. Dunn, Moline.

The Southwestern Medical Society of Chicago held its 14th regular meeting Tuesday evening, November 12th.

The attendance for the evening numbered 28, and was an enthusiastic and interested audience.

Geo. W. Webster gave a clinical demonstration of a case of **alcoholic Cirrhosis of the liver**, the special points in the case being the marked improvement in all his symptoms, following an operation, consisting in opening the abdominal cavity, curetting the surfaces of the liver, omentum, intestines, peritoneum and everything in reach with an aseptic pad of gauze, thus creating a mild inflammation, establishing new blood vessels and these establishing a collateral circulation, and thus relieving the portal circulation and thereby bringing about a general circulatory equilibrium. The discussion was opened by F. C. Eggert. Then followed a general discussion in which many interesting points were made. So that in closing the discussion Prof. Webster had a long list of questions to answer.

The lunch served at this meeting was "as have all the previous ones been," a success.

Prof. Webster, along with many others made application for membership in our Society.

Adjourned to meet the second Tuesday in December.

THOS. C. M'GONAGLE,

Official Reporter.

The Aesculapian Society of The Wabash Valley met in its fifty-fifth annual session at Paris, October 31st. The following papers were presented:

1. **Dysmenorrhea**—Madge P. Hawkins.
2. **Tuberculosis**—Treatment by Murphy's Compression Method, J. W. Alexander.
3. **The Ear During Childhood**—J. P. Morrell.
4. **Typhoid Fever**—Complications and Sequelae—E. L. Laskins.
5. **Typhoid Fever**—Treatment by Water Baths.
6. **Disinfection**—Chas. B. Johnson.
7. **Seventeen Cases of Diphtheria**—E. O. Laughlin.
8. **Foreign Body in Eye**—R. J. Coultas.
9. **President's Address**—J. A. Baughman.

At six o'clock the Society and visiting physicians repaired to the Masonic banquet hall where the annual Society dinner was served.

The following toasts were proposed:

1. "The Horse We Used to Ride"—Responded to by L. O. Jenkins.

2. "Our Hobbies"—Responded to by Chas. R. Bird.

3. "Our Resurrections"—Responded to by W. K. Newcomb.

The elections of officers for the ensuing year resulted as follows: President, Chas. B. Fry, Mattoon; Vice-President, E. L. Laskins, Terre Haute; Secretary and Treasurer, H. McKennan, Paris.

H. M'KENNAN,

Official Reporter.

The Bond County Medical Society met in quarterly session October 27th, at 10 A. M. in the supervisor's room in the court house, Greenville. The officers are: E. P. Poindexter, president; J. A. Warren, vice-president; Wm. T. Easley, secretary; W. C. Barnes, treasurer; Directors, J. D. Chittum, H. C. Earley and S. Poindexter. The Society was organized Nov. 13, 1886, and chartered under the laws of the state of Illinois, Dec. 17, 1888. The present membership is 19. There were nine new members admitted at last meeting. A new constitution and by-laws was adopted.

J. D. Chittum of Sorento, Ill., read a paper on **Puerperal Eclampsia**. It was followed by a live and active discussion by all present.

J. S. Poindexter of Keysport, presented a clinique and after examination, the members discussed the disease and its various lines of treatment.

W. C. Barnes of Mulberry Grove, Ill., was to read a paper on **Rheumatism** and notes on treatment, but the time had been consumed in discussion of the previous subjects, and the president notified him to present his paper at the January meeting.

The Society has been revived and new blood infused into it and no doubt in a very short time we will have one of the strongest county societies in the state and much good will be done professionally as well as legislatively.

WM. T. EASLEY,

Official Reporter.

The Decatur Medical Society met at the rooms of the Decatur Club, Thursday evening, October 24th, with President Will C. Wood in the chair.

At the request of the president, George N. Kreider, of Springfield, gave a short talk on the relation of the profession to the state and local societies.

George N. Kreider delivered an address on **Senile Gangrene**, and reported five cases, all of them having been operated upon. Recovery resulted in all save one, although three of the patients were beyond eighty years of age.

The discussion was opened by W. J. Chenoweth and other members followed.

The president extended the thanks of the society to Dr. Kreider for his address.

Dr. Kreider presented a patient with an **extensive fracture of the skull**. A fragment about 3 inches long and 1½ inches wide was removed. Word blindness was present for some time after the accident, but with the ex-

ception of slight numbness of the fingers, the patient has now fully recovered.

Dr. Kreider also exhibited a new instrument, **Dare's Hemoglobinometer**.

E. J. Brown reported a case of **imperforate hymen with retained menstrual fluid**, which recovered promptly after operation.

J. N. Randall reported a case of **rabies** in a dog.

The president appointed E. A. Morgan, A. M. Drew and M. P. Parrish as a program committee for the next meeting.

C. MARTIN WOOD,
Official Reporter.

The East St. Louis Medical Society met in regular session Nov. 4th, H. C. Fairbrother, president, in the chair.

The scientific program consisted of a paper on **Diphtheria** by Edgar H. Little. The essayist called attention to typical forms, and insisted that care is necessary in their management. A simple tonsillitis of today may be a severe diphtheria tomorrow. Strict differentiation between tonsillitis and diphtheria is impossible. Antitoxin is a specific against the Klebs-Loefer bacillus, but has no power over the pseudo-diphtheria; the latter requires as active treatment as the former. Do not wait for a bacteriological examination, but give antitoxin at once. Most cases are of mixed infection.

In laryngeal diphtheria 5,000 units is the minimum dose. Care must be taken that infection does not follow injection of serum. The usual care in aseptic injection. Local treatment is advised. Swab is recommended. Spraying with 25 per cent. solution of hydrogen peroxide, 2 per cent. ichthylol; 2 per cent. boric acid; or a 1 to 5,000 bichloride solution, is advised. Administration of permanganate of potassium and sulphur is recommended. Feeding is strongly urged. Prophylaxis and immunization are insisted upon.

The Society recommends the erection or purchase of a suitable **hospital for contagious diseases**, and a committee will meet with the Board of Health and city officials to urge the measure.

The **St. Louis Clinique** is made the official organ of the Society.

Dr. Lillie was authorized to send a synopsis of the proceedings to **Illinois Medical Journal**.

C. W. LILLIE, Official Reporter.

The Military Tract Medical Association held its sixty-second and annual session at Macomb, Ill., October 17th and 18th, and was one of the most interesting meetings from both scientific and social standpoints in the society's history for many years. The routine business was dispatched with alacrity and early in the afternoon of the first day the scientific program was entered into with much interest, which continued until the close of the session. All papers were in the main presented, and liberal discussion followed, so that all in attendance returned home feeling amply repaid for time and attendance. The visiting ladies fared

graciously at an informal afternoon at the home of Mrs. R. E. Lewis, wife of the retiring president; assisted by ladies of Macomb. During the afternoon of the first day, and during the morning of the second day they were given an interesting drive about the city. Visiting points of interest, the greatest being the new state Normal, now well along in process of erection. On the evening of the first day a reception and banquet occurred at Hotel Chandler, which was a most thoroughly enjoyable and complete occasion for all in attendance. The annual address by O. B. Will, with the topic, **The Twentieth Century Physician**, was a scholarly and interesting paper, read after the banquet.

Various toast responses of interest were made, among the most interesting being from Hon. C. G. Dawes, of Chicago, who happened to be in Macomb, and was made a guest of the Society. Hon. L. Y. Sherman and Hon. "Tom" H. B. Camp. The meeting of 1902, will occur at Monmouth, Ill., October 18th and 19th.

The following officers were elected: President, R. A. Kerr, Peoria; First Vice-President, G. E. Luster, Galesburg; Second Vice-President, J. E. Coleman, Canton; Secretary-Treasurer, C. B. Horrell, Galesburg.

C. B. Horrell, Official Reporter.

The Jersey County Medical Society met at the court house, Jerseyville, November 6th, at 1:30 P. M. The President J. S. Williams in the chair. A. A. Barnett, A. A. Shobe, M. B. Titterington, H. R. Gledhill, L. T. Waggoner, E. L. H. Barry and A. K. VanHorne answered to roll call.

The committee on fee bill asked for further time, which was granted. A. D. Erwin's application for membership was referred to the board of censors. Report favorable. Ballot spread and he was elected.

M. B. Titterington read a paper on **collections of fees for professional services**. The paper was approvingly discussed by the members present. All agreed that physicians should be more diligent in their collections. E. L. H. Barry read an excellent paper on **Neurasthenia**. The paper was discussed by the physicians present. A. A. Shobe spoke at considerable length and offered as a criticism that the essayist had not explained what is neurasthenia. A. A. Barnett spoke approvingly of the paper as illustrating cases that we all meet occasionally, and referred to the article on imperative conceptions by Hugh T. Patrick in the last number of the **Illinois Medical Journal** as illustrating a condition of neurasthenia in a number of the patients reported by Patrick.

H. R. Gledhill was pleased with the scholarly paper. M. B. Titterington spoke of treating such cases by suggestion. Dr. Cook (a visiting member) spoke approvingly of the paper, said the Dowieites whose meetings he had sometimes attended, treated those cases by suggestion, and many times with good success. The board of censors chose for essayists for the December meeting Drs. A. A. Shobe and L. T. Waggoner. The question of the existence

of smallpox in our neighboring cities of Alton and Grafton was up before the Society. Mayor Locke, Alderman Daniels and City Attorney Noble were called in, and upon motion President Williams was authorized to confer with the State Board of Health on the subject of establishing a quarantine against those cities. Adjourned to December 4th.

A. K. VAN HORNE,
Official Reporter.

The Calhoun County Medical Society met in regular session in Hardin on October 14th, 2 P. M. Meeting called to order by P. C. Barry, president. Following members present: P. C. Barry, F. C. Baecht, I. S. Berry, Stephen Flatt, J. R. Vaughn, W. A. Skul, T. O. Hardesty. The Society gives a general clinic at each meeting, after which a general discussion is had of difficult cases and diseases current with season.

All present took part in the discussions. This was one of the best meetings the Society has held. Motion made and carried that secretary notify State Board of Health of all fakers practicing in county, who have not complied with law. J. A. Fulgham of Lebanon and Bradburn of Pearl, were visitors at meeting. There are six doctors in county that do not belong to the Society. It was agreed that the Society give a banquet at its next meeting, which will be held in April. Secretary presented to each member of Society and sent on to each doctor in county, a copy of "Code of Ethics" of American Medical Association.

It was thought advisable that the State Society take steps toward organizing all medical societies of State, and bringing all into American Medical Association, through State Society. That the fraternity may have a strong and complete organization. If State Society would send a plan, detailing the steps to be taken, no doubt all societies would take immediate action, and all societies become branches of the one big tree. With our Society we are ignorant of the steps to be taken.

There being no further business, the meeting adjourned in form.

T. O. HARDESTY,
Official Reporter.

The Lake County Medical Society held a special meeting in the "Alice Home Hospital" Lake Forrest Monday evening, Oct. 28th. The subject for discussion was, "The Water Supply and Sewage Disposal of all the Towns on the North Shore." L. C. Bean and J. C. Foley reported the conditions in Waukegan, viz: Sewering into the lake, and receiving their drinking water from Lake Michigan also. A. C. Haven reported for Lake Forrest that while we were about installing a septic tank and filters on the lake shore, for the purpose of destroying the sewage by bacterial action, allowing only a harmless effluent to escape into the lake. Once securing clean hands in Lake Forest, we hoped to agitate the matter continually until all the towns on the north shore ceased polluting the lake waters, by properly caring for their sewage. Dr. Watterson re-

ported conditions in north Chicago and Lake Bluff, identical with those in Waukegan.

Henry Gradle next addressed the meeting concerning certain intolerable odors that have been present on the lake shore this summer, when the wind blew from the east or northeast. He felt sure that the organic refuse from certain manufactories in North Chicago were responsible for these odors. The special feature of the meeting was the presence of Arthur R. Reynolds, health commissioner of the City of Chicago. He spoke to us of the plans of the engineer of the drainage canal for connecting all the north shore with the great Chicago drainage canal, while this would cost millions we should figure on the future and make the future generations at least share part of the expense. This method if adopted would take time, and meanwhile the septic tank and filters, with sand filtration added, he regarded as well nigh perfect. He urged the Society to earnest efforts in endeavoring to keep the lake water pure and unpolluted with sewage. Several analyses of water at Waukegan and Lake Forest were then read, which showed the water to be contaminated. A general discussion was then participated in by the members.

The model hospital given Lake Forest by Mrs. H. C. Durand, costing about \$12,000, is soon to have erected an isolation ward, adjoining the main building, costing about \$2,000 more

A. G. HAVEN,
Official Reporter.

The Massac County Medical Society held a meeting at Brookport August 22d. At which C. E. Trovillion of Metropolis read a paper on the history of the Society from which we learn that the physicians of Massac first assembled in 1865. There were eight charter members. Meetings appear to have been held regularly until 1875. From '75 to '79 no meetings were held. Again no meetings were held from '81 to '94. Since '94 meetings have been held with a fair degree of regularity.

"It has grown in membership until we now have twenty-three enrolled, and of this number we generally by notifying some of the physicians living in town succeed in getting a quorum present. We always have papers read and discussed if those appointed don't forget it and feel just like writing. However, our Society compares very favorably with those of adjoining counties especially with Pope, as it has none.

A physician of this county said the other day on being asked to attend our Society meetings that he didn't think they amounted to very much anyway. They don't nor never will with that gentleman as long as he is not a member and don't attend the meetings. The Southern Illinois Medical Association meeting here last Spring didn't benefit him any either. Why? Simply because he did not attend. So it is with all of us; we can't expect to be benefitted by this Society if we don't attend its meetings. This Society can be one of the best in the state. Since we have changed Article IX, Section I of our constitution to read any licensed physician

who practices the regular system of medicine instead of any licensed physician of good moral character; I say ever since this change we have been in affiliation with the Illinois State Medical Society and are in position not only to be more beneficial to ourselves but to the profession throughout the state.

A movement is now on foot to re-organize the profession of the United States, which will harmonize the workings of all the county, state and the American Medical Association. It is desired to place all county societies in affiliation with their respective state societies and to place all state societies in affiliation with the American Medical Association. Membership in a county society will then carry with it a membership in the state and national organization. It will then be necessary to be a member of your own county organization to become a member of either the state or national society. District societies will only exist for scientific and social purposes and will not be in affiliation with the national society. This would be a much better state of affairs than now exist, for, instead of a few, (comparatively speaking) who may be able to join and keep up the expense of the American Medical Association, all could join and pay \$1.00 membership fee for instance, and a nominal amount for dues; (annually) the society would get as much money out of it this way as the way now adopted, besides the influence of the entire profession of the United States. In union there is strength, so I feel that it is a duty of every member of this society individually and collectively to use all of his influence to bring about this desired end.

The Vermilion County Medical Society met Nov. 8, 1901, in the city hall, and was called to order by President E. B. Cooley.

Minutes of the last meeting were read and adopted.

The name of F. L. Vawter being favorably reported upon, he was elected to membership.

This being the annual meeting the report of the secretary and treasurer was read and received by the Society.

The paper of the evening was by H. F. Becker on **Special Diagnostic Features of Typhoid Fever** with demonstrations by chemical tests. The paper was in the Doctor's usual graphic style and was enthusiastically received, and brought out a lengthy and beneficial discussion, which was opened by Jos. Fairhall.

J. M. Guy presented a case of a negro woman of middle age with **cervical enlargement of right side** which began six months ago as a small glandular, or apparently glandular, enlargement which has gradually increased in size until at the present time it extends from the ear down to and below the clavicle with fully three inches elevation, there has been no pain or inconvenience in any way, no pressure symptoms, but of late there has been loss of weight and patient decidedly anemic. The Doctor has seen the case only at long intervals so no temperature record is available, however the present temperature was 102.½. The mass is firm and at lower border nodular,

no other glandular enlargement except small lymphatic in axilla of opposite side.

The question in the minds of those present was between sarcoma and a tubercular lymphatic.

T. E. Walton reported a case of **Puerperal Eclampsia** with recovery in which he thought bleeding had been of great value.

E. E. Clark presented a specimen of **Myxo Fibroma** which had arisen from the upper and outer border of the right posterior nares and of a size sufficient to completely obstruct breathing through the nose, in the same case there was nasal polypi completely blocking up right nasal passage. He also reported a short experience with **Adrenalin Chloride in Eye, Ear, Nose and Throat work**, in which a large Pterygium had been removed with less than one-fourth the usual hemorrhage also a bunch of granulation tissue from the middle ear in which the bleeding was almost nil and a number of other cases equally gratifying.

The election of officers resulted as follows: President, J. M. Guy, Danville; Vice-President, B. Taylor, Westville; Secretary and Treasurer, E. E. Clark, Danville.

The Society as well as the profession of the county regret the loss of the retiring President, E. B. Cooley, who seeks a more congenial climate on account of the present health of his family. He has served the Society well in his official capacity the past year and we lose not only a capable physician but a gentleman. Dr. Cooley has practiced medicine in this community for twelve years and has proven himself worthy of the large patronage he has enjoyed as well as the large circle of friends that will miss both him and his estimable wife and family.

After attending to some unfinished business the Society adjourned to the December meeting.

E. E. CLARK, Official Reporter.

The Winnebago County Medical Society met at Rockford, November 12th at 8 P. M. Emil Lofgren (Chicago Medical College 1901) was elected to membership.

Thos. J. Watkins of Chicago, associate professor of gynaecology in Chicago Medical College, read a paper on "**Vaginal drainage, indications, technique and limitations.**"

The paper did not include drainage as a part of the toilet of the peritoneum in abdominal operations, but considered drainage as a remedy for selected cases of pelvic abscess, ovarian abscess, hematocele, broad ligament cysts and puerperal infection.

Technique. Patient anaesthetized, lithotomy position, uterus is to be curetted if there is endometritis.

Make a crescent shaped incision back of cervix, concavity upward, extending from one side of vagina to other. This incision is only through mucous membrane. Then with finger open up abscess cavity and hunt for other cavities near by which must also be drained. Wipe out cavity with gauze, but do not irrigate. If necessary the crescent shaped incision can be enlarged by another from center of its convexity downwards.

Failure will result if all cavities are not reached.

Lightly pack cavity with a long strip of gauze and pack vagina.

Repack vagina daily, each day removing part of cavity packing. At end of one week all gauze is out and have clean granulating wound. Patient may be up in 7 to 10 days.

He condemned the use of needles and aspirators in these cases—may do much harm, and usually do less good. We must see the pathological condition to treat it intelligently. Iodoform gauze is much preferable to rubber tube for drainage.

Indications:

1. All acute cases where abscess is low down except gonorrheal infection.

2. All other acute cases in which it is impossible to reach the abscess, extra peritoneal, by abdominal section.

3. All chronic cases in which there is large abscess which can be reached by this incision.

Puerperal infection gives a favorable case for this treatment, while gonorrheal infection does not. Always postpone the acute gonorrheal case till it quiets down unless life is in danger.

If the tubes are enlarged, had better go farther than mere drainage.

In **ovarian abscess** we must force the finger through the ovarian wall after making the vaginal incision.

In chronic cases often necessary to remove thickened tube, especially if gonorrheal.

In **hematocele** which is usually ectopic gestation the technique is the same, but must use especial care not to infect the region. If necessary open abdomen and remove tube.

Broad Ligament Cysts. These can often be successfully treated without abdominal section. The irritation of the gauze packing causing adhesion of walls. The removal of simple non-pedunculated cysts by abdominal section entail too great a risk when they can be reached by vaginal route. The great difficulty is diagnosis, but it is better to make the vaginal incision first and open abdomen later if necessary.

Puerperal infection. If possible determine character of infection by bacteriological examination. If gonorrheal, wait, unless there is danger of extension of process.

If not gonorrheal and there is pelvic suppuration treat as above described.

If the tumor is high and points above Pouparts ligament open there of course.

The paper was followed by full discussion. Dr. Kreider presented a paper on "**Acute Tonsillitis**" which was discussed. Adjournment.

S. R. CATLIN, Official Reporter.

The McLean County Medical Society was called to order November 4th, by the President, Chas. E. Chapin, the following members being present: E. Mammen, W. E. Guthrie, Horace Elder, J. Whitfield Smith, Lee Smith, J. Y. Bonnett, J. L. White, F. J. Parkhurst, J. P. K. Hawks, E. S. Reedy, M. D. Hull, C. H. Beadles, J. W. Fulwiler and L. A. Burr.

The minutes of the preceeding meeting were read and approved.

The following resolutions to the memory of D. O. Moore, were read by J. L. White, and a copy ordered sent to Mrs. Moore.

Whereas on the 15th day of March, 1901, Doctor David Oliver Moore, one of the older and respected members of this Society departed this life after a long and painful illness, and

Whereas we would place upon record our testimony of fraternal regard and sympathy, therefore be it

Resolved that in the death of Doctor Moore this Society has lost a true and faithful member, one who by his kindness and faithful attention to his patients won their love and esteem, and who was ever ready to answer all calls whether from rich or poor in sunshine or storm by day or by night. And further be it

Resolved that this Society extends to the widow and family of our deceased brother its sincere condolence and sympathy for their irreparable loss, and that a copy of these resolutions be spread upon our minutes and also one be furnished Mrs. Moore.

J. L. White,

J. L. Yolton,

A. L. Fox,

Committee.

This Society attended the funeral of our deceased member, in a body, and furnished the usual floral tribute.

In accordance with a motion given one month previously, F. C. Vandervort moved the adoption of the following amendment to the constitution:

In Art. VII. Insert between words "medicine" and "recognized," the words in quotation marks. "Or any legal practitioner of medicine." This was seconded and duly adopted.

The board of censors reported favorably upon the application for membership of A. R. Penniman, of Stanford. Also upon A. C. Albright, of Sibley. They were duly elected to membership. They reported they could find no positive proof that L. A. Burr was a member, but that at one time the minutes record him as participating in the transactions of the Society. If he ever was a member he still remains a member.

John Goodheart of Lexington, applied for membership, and was referred to the board of censors according to the provisions of the constitution.

W. E. Guthrie reported a case of **appendicitis** operated upon four weeks ago. The peculiar feature of the case was the apparent convalescence of the patient from the attack—subsidence of pain and defervescence—almost causing the doubt against operating. Upon cutting down, the appendix was found firmly adherent all around and ruptured. Case making fine recovery. He also reported a case operation for **prostatic abscess**.

E. Mammen reported a case of **appendicitis**. Also a similar case reported by M. D. Hull.

J. Whitfield Smith reported a case of **ruptured choroid**, in a boy of eleven years; caused

by being struck in the eye by a small, hard, rubber ball. A photograph of the fundus was exhibited, showing a multiple rupture of the choroid coat.

F. J. Parkhurst read a paper on the "First Three Hundred Cases of Inebriety Treated at the Willow Park Institute at Danvers, Illinois." Society adjourned.

F. C. VANDERVORT,
Official Reporter.

The Livingston County Medical Society held its first semi-annual session, since its organization last April, at the Masonic hall in Pontiac, November 7. President J. J. Pearson, was in the chair. Minutes of organization meeting read and approved. An amendment to the constitution was submitted by the secretary. A letter was read from the Medical Fortnightly of St. Louis, asking to be allowed to publish the papers to be read before the Society at this meeting and the request was granted. On motion of the secretary a committee of three was appointed to draft a county fee bill to be presented at the next regular meeting. John Ross, N. M. Otis, and Chas. L. Hamilton were appointed. The treasurer reported a balance on hand of \$10.50. The meeting then adjourned until 2 P. M.

The board of censors reported favorably on the applications of O. A. Cass, Saunemin; Geo. T. Carson, Chatsworth; V. M. Daly, Pontiac; H. E. Johnson, Fairbury; John B. Baker, Pontiac; C. N. Bromley, Pontiac; Norman Pearson, Pontiac; E. J. Carroll, Graymont; C. M. Bradley, Cornell; and T. O. Bannister, Odell and they were elected to membership.

On motion of G. C. Lewis a committee of three was appointed to revise the constitution and report at the next regular meeting. Chas. L. Hamilton, J. A. Marshall and E. H. Fitzpatrick were appointed.

The following program was then heard:

Scarlet Fever.

Etiology and Incubation C. C. Hamilton, Dwight

Discussion led by C. W. Talbott, Flanagan

Symptoms and Diagnosis.... H. G. Ohls, Odell

Discussion led by H. F. Ballard, Chenoa

Prophylaxis and Treatment N. M. Otis, Fairbury

Discussion led by J. J. Stites, Pontiac

Complications and Sequelae

.....J. J. Pearson, Pontiac

Discussion led by E. J. Carroll, Graymont

Every member of the Society joined heartily in the discussion of every subject and a very profitable afternoon was spent. A banquet was tendered by the Pontiac physicians to the visitors at 6 P. M. where about forty doctors, dentists, nurses and druggists did justice to a fine spread. The president, then gave the address of welcome, which was responded to by G. C. Lewis of Fairbury, after which an hour was spent in impromptu speeches, relating peculiar experiences, and story telling. Those participating in this flow of words were: N. M. Otis, Chas. L. Hamilton, C. M. Bradley, E. H. Fitzpatrick, John Ross, J. J. Stites, J. A. Marshall, P. A. Piper and J. J. Pearson.

M. L. Harris, of Chicago, then closed the

meeting by an instructive **informal talk on surgery**. He exhibited many pathological specimens and microscopic slides, using a black board for illustration. He held the close attention of the Society for nearly two hours and gave many valuable points on the common surgical diseases which are frequently met by the general practitioner.

This Society at six months of age has twenty-seven members, with seven applications now before it, a resolution making it compulsory for an applicant to apply in person before he can be balloted upon excluding these applicants. **We now have enrolled about two-thirds of the regular physicians in this county, who are in active practice, and we intend to have all of them inside of a year.**

The following responded to roll call at this meeting:

Chas. L. Hamilton, Dwight; H. G. Ohls, Odell; T. O. Bannister, Odell; S. M. Root, Odell; W. L. Rabe, Dwight; N. M. Otis, Fairbury; G. C. Lewis, Fairbury; H. E. Johnson, Fairbury; O. A. Cass, Saunemin; T. W. Jones, Cornell; C. M. Bradley, Cornell; H. F. Ballard, Chenoa; E. J. Carroll, Graymont; Geo. T. Carson, Chatsworth; C. W. Talbott, Flanagan, and John B. Baker, V. M. Daly, C. N. Bromley, Norman Pearson, J. J. Stites, E. H. Fitzpatrick, J. A. Marshall, A. B. Middleton, J. J. Pearson and John Ross of Pontiac, only two members being absent.

JOHN ROSS, Official Reporter.

The District Medical Society of Central Illinois met in the parlors of the New St. James hotel, Pana, Tuesday, Oct. 29, 1901 at 1 P. M.

The meeting was called to order by President Catherwood. Thirty-five members were present and an enthusiastic meeting enjoyed. The roll was called and corrected. The minutes of the previous meeting were read and adopted.

Four applications for membership were presented as follows: Roy F. Rogers of Shelbyville, graduated at Rush Medical College, 1901; M. W. Snell of Litchfield, Jefferson Medical College, class of '98; Geo. T. Meacham of Taylorville, class of '93, Rush Medical College, and L. J. Gordon College of Physicians and Surgeons, St. Louis, class of '99. There being but one member of the board of censors present the applications, with his approval, were presented to the Society which body unanimously voted to receive the applicants into membership. W. T. Geddy presented a patient for examination and requested that the examination be made by Drs. Prince, Brown and Taylor. A motion was made and seconded that the examination of the patient be postponed until after the reading of the papers. The motion was reconsidered and patient examined.

J. H. Miller exhibited a patient convalescing from Tetanus following a wound of the foot. He also reported a case of **Obstruction of the Bowels by an Enterolith with Recovery by Passing the Stone per Rectum**. The enterolith was presented for examination. It was of considerable size and showed evidence of having originated from a gallstone. At the request

of W. H. Cook of Coffeen, upon whose wife R. E. Wilson, of St. Louis operated for the same trouble, that gentleman had been invited to be present and to discuss the paper. He presented the stone which he had removed by laparotomy and discussed the paper at considerable length. He found the enterolith to be enclosed in a loose capsule which admitted its motion along the lumen of the bowel for about an inch. He laid considerable stress on this unusual feature as it showed that a radical operation was the only means of removal of the obstruction. The paper was also discussed by W. Ryan and others.

C. H. Lockhart of Witt presented an interesting and classical paper on **A case of Superfoetation**. The discussion of this theme was lively and diversified. J. J. Connor endeavored to disprove the theory of the author and offered an explanation of the phenomenon by assuming a twin pregnancy, in which the growth of one had been arrested by pressure and more abundant blood supply to the other.

A. E. Prince supplemented his paper on **Pyogenic Meningitis** by presenting a number of specimens of temporal bones showing the diversity in the formation of the mastoid cells. He emphasized the importance of early attention to this class of cases and advocated radical operation in chronic discharging middle ears. He also mentioned that the wound in such cases should be closed and drainage made through the external auditory canal.

F. D. Pratz of Mowequa presented an interesting paper on **Convulsions in Children, Etiology and Treatment**. The discussion was general and varied. Opinion seemed pretty evenly divided as to the advantage of baths and the use of mustard. Amos Sawyer's paper on **Habits among American Women** was something of an innovation and showed up many of the conventionalities of society women in their true ludicrousness not to say viciousness.

E. J. Brown's paper on **"Observations in Nine Cases of Locomotor Ataxia"** was well received and discussed with interest. Dr. Taylor in discussing the paper noted the insidiousness of the affection and emphasized Dr. Brown's statement of the danger of mistaking its identity.

W. E. Gordon of Old Ripley had prepared a paper on **Chloroform in Labor**. The author being absent the paper was read by the secretary. The time being limited the paper was not discussed.

The incidental expenses to date including arrears is \$14.25. Receipts from assessment and fees \$31.00. Balance on hand \$16.75.

Meeting adjourned to last Tuesday in April, 1902.

C. R. SPICER,
Official Reporter.

The Physicians Club of Chicago held its first regular meeting this fall at the Wellington hotel on the evening of October 28th. A dinner was served to 46, after which the attendance numbered nearly 100. John B. Murphy presided, and the subject for discussion was the **"Clinical Teaching in Hospitals and Dispen-**

saries." Rev. Dr. Emil G. Hirsch who was on the program to respond to the topic **"The Advantages to the Institution"** was unavoidably kept away, but sent a most able and suggestive paper which was read to the club by the secretary. The gist of Dr. Hirsch's paper was that clinical teaching in the charitable institutions has its sociological advantages as it thereby made the recipients of the charity give something in return. This preserved the independence of character among the deserving poor and robbed the charity of its pauperizing tendency.

Robert H. Babcock next spoke upon the **"Interests of the Community"** dwelling especially upon the fact that the community was benefitted by having men better trained as physicians in this way. The best training for a doctor is the bedside training. By allowing the use of the public institutions for bedside teaching, students were better fitted for their future practice, and the community was thereby directly benefitted in the receipt of superior medical treatment. Mr. Hauberg who was expected to respond to the same topic was unable to be present, but his place was taken by G. F. Harding, Esq., who dwelt upon some of the dangers of politics that surround our public institutions of charity.

Robert B. Preble showed how the student acquired his best training at the bedside and James B. Herrick indicated how the patients were both directly and remotely benefitted.

Mr. Daniel D. Healy, warden of the Cook County hospital, then read a paper in which he took decided opposition to the use of the public wards for the purpose of teaching. He argued that the county hospital was established and maintained by the community solely for the care of the poor and sick. He was not opposed to the using of some of the patients for clinical teaching in the amphitheatre, but to admit classes of students into the wards and at the bed-sides to examine patients all day, he declared caused such an excitement and dread among the patients as to defeat the essential purpose of the hospital.

In opening the general discussion, Hon. Edwin K. Walker took a less positive view than did Mr. Healy in regard to ward teaching, but he thought from his knowledge of the situation that it might not be altogether wise. He qualified his assertions, however, by stating that ward teaching might be made available if surrounded with strict safeguards and preventives of abuse.

E. J. Kohn of the United Hebrew charities being called upon, showed that clinical teaching in the West Side Free Dispensary had aided most favorably. Since its introduction, the number of patients had increased and the attendance of the medical staff had become more systematic. He could only speak for dispensary teaching, but he believed that with proper safeguards, the hospitals might be utilized for teaching with advantage, both to the patients and the medical staff.

Mr. Hart of the board of managers of the Michael Reese hospital rather favored clinical

teaching in the wards, when such teaching was carefully guarded by proper restrictions if the interest of the patients were made the first consideration.

Miss Julia Lathrop voiced about the same opinion as Mr. Hart. She came closer in touch with many of the charity patients and as a result of her observation, she believed the whole question depended largely upon the personal conduct, the courtesy, etc., of the attending medical staff.

The discussion was then continued by John Ridlon, Frank Billings, John M. Dodson, Sydney Kuh, A. J. Ochsner and P. H. Ohlmacher.

In closing J. B. Murphy made an eloquent plea for the clinic of the amphitheatre. He stated that while the use of the amphitheatre for pyrotechnic display of oratory was to be greatly deprecated, nevertheless in such teaching as is done in the amphitheatre the student often learns more and better through the personality of the lecturer than he does with a text book and mere bedside recitation. He stated that some of the most tenacious information that he had, was acquired by listening to the earnest and characteristic lectures of some of the great teachers abroad. The personality of the teachings and its influence upon the student, goes a long way in the matter of medical education and that personality can oftentimes be best exercised in the broad field of the clinical amphitheatre.

L. HARRISON METTLER,
Official Reporter.

The Sangamon County Medical Society held its regular and annual meeting Monday evening, Nov. 11, 8 P. M. at the Leland Hotel. There were forty-three members in attendance. The meeting was called to order by the President J. N. Dixon. The minutes of the October meeting were read and approved. The first order of business was the election of officers for the coming year. For the office of president, L. C. Taylor and A. L. Brittin were nominated. L. C. Taylor received a majority of the votes cast and was declared elected president for the ensuing year. For the office of vice-president Margaret Taylor Shutt was nominated. There being no further nominations for the office, the secretary was instructed to cast the ballot for the Society, electing her to that office. For the office of secretary, Fred S. O'Hara and Frank B. Fisher were nominated. Frank B. Fisher received a majority of the votes cast, and was declared elected secretary for the ensuing year. For treasurer, Percy L. Taylor was nominated. No further nominations being made, the secretary cast the vote of the Society for Percy L. Taylor for treasurer. For the board of directors, J. N. Dixon, Joseph Brayshaw and G. N. Kreider were nominated. There being no further nominations the secretary cast the ballot of the Society and they were declared elected directors.

The application of A. P. Condon for membership in the Society having been favorably acted upon by the board of directors, came up

for the Society's consideration. Upon ballot he was declared elected a member. The applications of George Southwick of Beamington and J. W. Cantrall of Rochester, were received and referred to the board of directors.

The bill of Phillips Bros., for programs and circulars, amounting to \$2.50, was ordered paid, also the bills of the secretary and treasurer for postage, \$2.75. **The Society voted the usual honorarium of \$10.00 to the secretary for services during the past year.** S. E. Munson moved that the board of directors constitute an auditing committee, to go over the books of the treasurer and report at the next meeting, motion prevailed. The secretary submitted the following report as showing the condition of the Society at this time. Mr. President and members: There have been ten meetings held by the Society during the past year, at which times papers and topics of interest to the profession have been presented and thoroughly discussed. Encouraging progress has been made toward securing for the Society, permanent quarters in the new library building about to be constructed. As to the results of our attempt to improve the professional relations of Doctors and Druggists, that is somewhat uncertain; there is no doubt, however, but that some good was accomplished. This relationship needs constant watchfulness and quiet concentrated action to secure the desired results. Our recommendations to the public authorities regarding the selection of doctors for public positions has possibly been of some benefit to the profession.

The average attendance at the meetings held during the past year was twenty-one members. Thirteen new members have joined during the past year, giving a membership of seventy-two, to whom monthly notices are sent. Two have moved out of the city and thereby are unable to attend the meetings, one resigned on account of change of location; one or two have changed their location, but retain their membership in the Society. The secretary would suggest that the board of directors take a more active part in the working affairs of the Society, thereby assisting the president and secretary in their work of maintaining the interest and enthusiasm in the practical doings of this flourishing and active County Medical Society. Also that every member when asked to contribute to the program, do cheerfully what is in his power, toward making the meetings profitable and interesting.

B. B. Griffith, Secretary.

Percy L. Taylor, as treasurer submitted the following report:

Balance on hand Nov. 12, 1900.....	\$62 24
Received from Secretary Bartlett.....	4 76
Dues during the year.....	120 00

	\$187 00
Paid out on orders	61 68

Balance on hand Nov. 11, 1901.....\$125 32

There being no further business the Society adjourned to the hotel banquet hall, which had been tastefully decorated and arranged for this

occasion. After paying due justice to the carefully selected menu, the Society was delightfully entertained with the following toasts. J. N. Dixon acting as toast master:

The Country Doctor of the Past.....
L. L. Leeds, Lincoln
 The Country Doctor of the Present and
 FutureJoseph Brayshaw, Berlin
 The Doctor as an Ethical Factor.....
Margaret Taylor Shutt, Springfield
 FadsL. C. Taylor, Springfield
 Enter Automobile Specialist, Exit Old Dob-
 bins, Family Doctor...O. B. Babcock, Spfld

This proved one of the most enjoyable meetings ever held by the Society, and the prospects are that the coming year will not be behind the previous years in matters of interest and profit as well as enthusiastic work for the benefit of the profession.

B. B. GRIFFITH, Official Reporter.

The Medical Society of Rush College met November 4th.

L. Hektoen presented the following specimens:

1. Stricture of membranous urethra, ascending gangrenous inflammation of the entire urinary tract.

The stricture was located a few centimetres from the meatus. Owing to the obstruction great dilatation of the bladder, the ureters and the renal pelvis had resulted, followed by a violent necrosis and gangrene of the entire mucous membrane, which presented a rough, shreddy, and dirty greyish appearance. There was presented in characteristic form the necrosis of the apices of the medullary pyramids seen in recent dilatation of the renal pelvis and attributed generally to pressure. At the autopsy (Dr. Wells) the turbid, foul urine in the bladder was covered by a layer of liquid fat, which probably came from the extension of the destruction to the fat at the hilum of the kidneys. No other source for the fat was found. The patient entered the Cook County Hospital in coma and died soon after so that exact facts as to the previous occurrences were not obtainable.

2. Healed ulcerative endocarditis of the aortic valves.

Two specimens were presented of hearts in each of which one aortic valve showed a large rounded perforation, with smooth but thick and sclerotic margins, about 1 c. m. in diameter, situated in the substance of the valve between the line of closure and the base. There was in each general sclerosis and deformity of the aortic valves, the result of endocarditis, and in one case an acute destructive process was engrafted upon the chronic. The size, the location, the character of the margins of the perforations as well as the several sclerosis of the valves led to the conclusion that it concerned healed ulcerative processes which probably had caused valvular aneurism with perforation, and that the specimens afforded anatomical evidence of the healing of ulcerative endocarditis, a possibility the occurrence of which is supported by clinical observations.

F. C. Hotz reported two cases of Ocular Paresis presenting unusual clinical pictures.

Paralysis of any ocular muscle causes a deflection of the visual line of the affected eye (strabismus) and diplopia, which is especially noticeable when the eyes are turned in a direction which requires the co-operation of the affected muscle. Under ordinary circumstances these symptoms (strabismus and diplopia) make the correct diagnosis an easy task. But the diagnosis becomes a perplexing problem if the patient prefers using the affected eye, perhaps because it has much better vision than the other eye, or for some other reason; for as soon as the affected eye is made to look straight the other eye will show a marked strabismus. In these cases the diplopia tests are exceedingly valuable for the diagnosis. To illustrate:

Case 1. Salesman, 37 years, presented himself with a marked convergent squint of the right eye and homonymous diplopia, which had come on about two weeks ago; cause unknown. Apparently paralysis of the externus of the right eye; but the double images came together when the light was moved to the right, and they separated when it was moved to the left. Homonymous lateral diplopia indicates paralysis of the externus and the separation of the images towards the left points to the externus of the left eye as the affected muscle. And the diagnosis was confirmed by the fact that the abduction of the right was normal, while the abduction of the left eye was greatly restricted.

Case 2. A workman, age 38, was struck over the left eye and six weeks later began to see double. The left eye is straight, the right eye is turned down and in. It looks as if the right eye could not be turned up (paralysis of its superior rectus or inferior oblique) but the diplopia test shows the image of the right eye above and to the right of the image of the left eye, the images separating in the upper field and coming together in the lower field. This test plainly shows that the downward movement of one eye is restricted, hence that the affected muscle is one of the depressors (inferior rectus or superior oblique). Homonymous images point to the superior oblique and the image of the left eye being lower points to the left eye. Hence the correct diagnosis is paralysis of the Superior oblique of the left eye.

Wm. H. Wilder showed a man 71 years of age, who, seven years before, had had an epithelioma removed from the lower lip. A short time ago, epithelioma developed in the upper, inner part of the right orbit, involving the eyeball. The case is under treatment by Dr. Pusey with the X-Rays.

He also showed a case of a man, 51 years of age, from whose right cornea he had removed an epithelioma. Recovery of perfect vision followed the operation. He also showed two specimens of epithelioma of the cornea, one of which was situated on the limbus and the other wholly within the cornea.

A. B. Hale presented a case of a young

woman of 22, from whom he had removed a **sarcoma of the right iris**. The tumor was detected less than three weeks after symptoms of pain had appeared and had been promptly excised—seemingly in a capsule—The microscope confirmed the diagnosis, and the history of the case, together with the subsequent behavior of the eye which was now (six months after the operation) perfectly normal, indicated a primary sarcoma of the iris without recurrence. (Microscopical specimens exhibited.)

Dr. Hale also demonstrated an **eyeball enucleated 60 hours after a penetrating wound** with a piece of steel from a hammer. The path of the foreign body through the lens to a bed in the choroid anterior to the equator, was plainly visible. The eye had shown no inflammatory re-action, but an X-Ray photograph was positive. He acknowledged the progress made during recent years, in diagnosis and treatment without the destruction of the eyeball, of such cases, but in view of this patient's age (77) and the unavoidable danger from delay, enucleation had been promptly done with the full consent of the patient.

The Morgan County Medical Society met in regular session October 10th, with the following members present: President Dr. Franken, Drs. Thompson, Cole, Norbury, Milligan, Campbell, Baker, Baxter, Caldwell, Maness and Hairgrove. Dr. Baxter was elected secretary pro tem. Dr. Black proposed the name of Dr. George Edwin Baxter as a member of the Society.

Committees reported suitable resolutions upon the death of F. C. Winslow and N. S. Read.

It was moved that the present fee bill be dropped and a committee be appointed to formulate a new one.

A paper on **The Use of the Cystoscope**, was read by Josephine Milligan.

A detailed description of cystoscopes is unnecessary, as you are all familiar with the two general types. The first is a simple hard rubber speculum used in the direct method of examining the bladder and requiring that that viscus be distended with air, using either daylight directly or reflected light with a head mirror. The patient must be in the knee-chest position; this is the Kelly method.

The second type consists of a long tube containing lenses and bearing on its end a tiny electric lamp. This is the Nitze cystoscope, or some of its numerous modifications.

The direct method is much the more simple, but as the diameter of the speculum must be nearly if not twice that of the electric cystoscope it has the disadvantage of dilating the urethra to such an extent that there is generally incontinence of urine persisting for some time after the examination, and it also causes much pain.

In order to use the cystoscope the urethra must be sufficiently dilatable to allow the passage of a No. 21 French scale catheter. In some cases the urethra is congenitally very small and rigid, or it may be so through operation, traumatism, or inflammation; then a cystoscope can't be used. It is rare that an anesthe-

tic is necessary in such an examination. If a patient is very nervous a general anaesthetic may be advisable, usually if any is indicated local anaesthesia will suffice. A 4 per cent. solution of antipyrine injected into the bladder ten or twenty minutes before the examination is an excellent sedative, or a suppository introduced into the urethra, of morphine, cocaine, or belladonna, is good.

In order to get a distinct picture of the bladder it is essential that its walls should be distended with a clear, non-irritating medium—the ideal being sterilized water. The catheter should always be passed to draw off residual urine, then 250 c. c. of water injected. This amount can be comfortably retained and is sufficient to prevent any burning sensation from the heat of the electric lamp and to distend the walls so there are no folds.

If there is an extravasation of blood it may be necessary to wash out the bladder with ice water before trying to make the examination in order to get rid of the cloudiness. To get a distinct picture it is necessary that the water should be perfectly clear. If the blood is from the kidneys simply washing out the bladder is sufficient, but if from the bladder itself it is often difficult or impossible even with the greatest care to get a distinct picture. In acute cystitis a cystoscopic examination is contraindicated.

In certain conditions of the bladder and kidneys the use of this ingenious instrument makes for greater exactness in diagnosis. If there are urinary stones, their number, size, shape, color and situation can be exactly determined by the cystoscope—items that are of great value to the operator. The same information can be gained of foreign bodies, such as ends of catheters, ligatures, etc., and whether they are fixed or not. There is a delicate, snare-like forceps that can be used instead of the irrigator so the operator can see to remove a foreign body or stone that is not too large for the grasp of the forceps. Tumors of the bladder can only be recognized by the cystoscope unless of large size. Their situation, base, whether they may be multiple or simple or malignant, can be determined. It is possible to see tumors of neighboring organs through the bladder walls—a fact that is of interest and may be of practical value to the operator. In all cases of carcinoma of the uterus it is wise to get a cystoscopic picture of the bladder to see if its walls are affected.

If there are symptoms of hydronephrosis the cystoscope and urethral catheter will show the seat of the trouble—whether the ureter may be closed by a stitch, stone, prolapse of its mucus membrane, by a tumor, through pressure, or an extension of malignant growth, or if there is a fistula of the ureter. It will also show, if there is vesico-vaginal fistula, the fistula must be closed, at least in part, by first packing the vagina so the bladder can hold water. This method of examination is of especial advantage if the fistula is near the ureter.

In cases of chronic cystitis the cystoscope gives information as to the exact condition of the walls of the bladder. The mucus mem-

brane lies in folds, looks thick and grey, is covered with mucus and flecked with spots of extravasated blood that are bright red or brown, according to their age. It may show the presence of diverticuli; a congenital diverticulum is round while those acquired are not; there are often ulcers, small round red spots, that look not unlike an ureter opening. If there is tuberculosis, tubercles can often be seen in the edges of ulcers.

In all nephrectomy cases the urine should be examined from each kidney. It is a simple matter to catheterize the ureters with the Nitze cystoscope, but it requires patience to collect urine from each kidney, for the water comes in spurts at longer or shorter intervals; after the ureteral catheter is in place the cystoscope should be removed, for the lamp gives heat, and if left in the bladder too long may cause considerable pain. A catheter can be introduced into each ureter and empty into bottles labelled right and left kidney; sufficient urine to examine should be collected in half hour.

It may not be out of place here to speak of the action of phloridizine. A very small dose of this drug will cause in a healthy kidney a glycosuria; it is our best test as to whether a kidney is healthy or not, for if there is any disease of the kidney no glycosuria occurs. This is of inestimable value in cases of proposed nephrectomy. Phloridizine will also show whether there is only a pyelitis or if a nephritis exists.

I wish to report a case or two that illustrates the usefulness of the cystoscope.

Case 1. N. M., February 9, 1901, shop girl, complained of vesical tenesmus and frequent micturition that had come on gradually and increased in severity until it interfered with her work. Had lasted eight weeks when first seen. General health excellent. Urine 1020, trace of albumen, mucus, pus and bladder epithelium. The cystoscope showed a round ulcer situated in the left side of the edge of the sphincter. A two per cent. nitrate of silver solution was injected, followed two days later by a weaker solution. Recovery was prompt. Undoubtedly the rapid healing of the ulcer was partly due to the stretching of the sphincter, for it was so situated that it was irritated constantly by the normal action of that muscle. This patient complained of slight incontinence of urine in coughing or sneezing for some ten days after the cystoscopic examination.

Case 2. Mrs. W. A. complained of frequent micturition and passed large quantities of very light colored urine; had pain and soreness in the hypogastrium and bearing down pains in exercise, was very nervous, slept poorly because of frequent desire to urinate, was constipated and had leucorrhoea. The urine had a specific gravity of 1008, two to two and one-half quarts were passed in the twenty-four hours, otherwise normal. A vaginal examination showed a torn cervix, the uterus anteverted and prolapsed to the second degree, and extremely tender. A condition of affairs sufficient to account for all her symptoms. The situation was explained to her and the opinion given

that the bladder was normal, but the patient insisted that that was the offending organ because some years previously she had been so informed. A cystoscopic examination showed that the bladder was perfectly healthy. These simple cases give an idea of the usefulness of the cystoscope in assisting to make an accurate diagnosis.

The St. Clair County Medical Society held its regular quarterly meeting at Priester's Park on September 5th, with the president Julius Kohl in the chair.

The minutes of the previous meeting were read and approved.

The committee on elections reported favorably on the applications for membership of Drs. Hertel, Fonlon and West, Jr., and they were elected by an unanimous vote.

The feature of the meeting was a very able, interesting and instructive paper by J. H. Fulgham entitled "a plea for the Consumptive."

The essayist alludes to the April report of the St. Louis Health Commissioner in which it is learned that out of a population of about 600,000 there are 1,353 deaths from consumption, and 10,824 cases in one year.

Reference is made to the prominence of tuberculosis in the mind of the medical world today, and is compared with the position occupied by smallpox a century ago, diseases of the ovary ten years ago, and appendicitis more recently, with the advantages of the enlightenment upon those subjects.

Six postulates are given:

1. Tuberculosis is always due to a specific organism.
2. This organism finds its home in inflamed tissue, or where there is deficient blood supply.
3. It can live, but cannot multiply, outside the body.
4. It has an affinity for a certain type of tissue: the tissue of the strumous.
5. Its first effect is local.
6. It is readily destroyed outside the body.

Tuberculosis is not an hereditary disease. The principal source of infection is infected air. There is no specific cure for the disease, and our best field of action against it is in prophylaxis.

Doctors must guard their clientele against infection.

Allusion is made to the good results of isolation in other diseases, smallpox, leprosy, yellow fever, and it is recommended that sanatoria be established in each county for the care of the poor, and for their separation from the uninfected.

The doctor advised the sending of children of consumptives to regions where their strumous tendencies may be no menace to health, and where ample opportunity for earning a living are to be found.

It is the opinion of the writer that in this section a physician is not justified in treating phthisis; nor, on the other hand, in sending a hopeless invalid away to die.

Special regard to the constitution in deciding

on a location is necessary in order that the best results may be obtained.

For those who are infected, but who have not alarming symptoms, camping out in the mountains is advised, a dry atmosphere, with equable temperature, being sought.

Stress is laid upon the necessity for the larger volume of air which the lungs must receive in the higher altitudes, and that it penetrates more deeply into the air cells in the affected area, and promotes a more active circulation and gives a greater power of resistance to disease.

Attention is called to the fact that it is not cold weather, but damp, and changeable weather, that favors consumption.

The writer believes that much good may be done by State and County boards of health; and by educating the laity regarding the disease; that registration of those affected, and thorough disinfection of apartments after occupation by a consumptive, will be important aids in lowering the death-rate from tuberculosis.

The paper was discussed and commended by all the members present. Dr. Lilly, especially speaking quite extensively upon the subject.

Dr. Fulgham also reported a case of **occipito posterior presentation** which he had attended a few days previous to the meeting. Patient was a primipara and Dr. Fulgham was called when the head was very near to the inferior straight he succeeded in accomplishing delivery without laceration of the perineum. Dr. McLean stated that he had had several such cases and that they are not as rare as most physicians think.

There was a general talk on the treatment of **Typhoid Fever** with Dr. McLean advocating the Woodbridge treatment, while Dr. Portuondo favored the Brandt method.

The Society adjourned to meet again the first Thursday in December.

B. H. PORTUONDO,
Official Reporter.

The St. Clair County Medical Society held its regular quarterly meeting June 13, 1901, at Priester's Park, Ill., with the president, Julius Kohl in the chair. The minutes of the last meeting were read and approved.

Applications for membership from E. G. Hertel of East St. Louis, J. J. Fonlon of French Village and W. West, Jr., of Belleville were read and referred. Owing to the illness of the treasurer-elect, Adolph Schlernitzaner of Millstadt, B. Portuondo was appointed to act as treasurer.

The president appointed the following committees for the ensuing year.

On Election, Fulgham, Raab and Thompson.

On Ethics, Wiggins, Rembe and Wangelin.

On Publication, Fairbrother, L. J. Bechtold and G. Bock, Jr.

Dr. Lillie of East St. Louis read a very lucid and able editorial that he had prepared for his medical journal "The Clinique" on the 52d Annual Meeting of the American Medical Association.

A very exhaustive and interesting discus-

sion on **Smallpox** was started by the able remarks of Dr. McLean on the recent epidemic of smallpox in St. Clair county. All the members present expressed themselves as satisfied that the present epidemic is smallpox and nothing else. Dr. Fairbrother recited at length the series of very important and useful researches that the members of the East St. Louis medical profession are carrying forward in their search for the **germ of the smallpox**. Dr. Root made especial mention of the fact that a pustular eruption in the palm of the hands was found in smallpox and in one other disease only. Drs. Wyant and Hansing called attention to the remarkably low mortality of the present epidemic there having been but one death in 150 cases in East St. Louis. Dr. Portuondo remarked that **Varicella** occurs in adults and spoke of the differential diagnosis between it and smallpox among other signs he laid particular stress on the fact that the eruption in smallpox appears practically in one crop only while in **Varicella** it comes in successive crops. He also denied the existence of Cuban itch as applied to the present epidemic or to any other similar epidemic.

Dr. Fulgham described several cases he had treated at Lebanon, Ill., and the very happy results which had followed an efficient and rigid quarantine established by himself in spite of great opposition. Dr. Hilgard described some cases of smallpox that he had treated and Dr. Julius Kohl called particular attention to the smell of smallpox cases.

The following resolution was then introduced by Drs. Portuondo and Hansing which was very thoroughly discussed by all the members present and especially by Drs. Fairbrother, Rembe, Bechtold and McGaffigan and finally approved by an unanimous vote.

"Be it resolved by the St. Clair County Medical Society in meeting assembled, that it is the sense of this Society that the present epidemic in St. Clair County is undoubtedly smallpox, demanding as much care and surveillance as if it were at the present time more severe in type. That to prevent its further spread we recommend general vaccination and rigid quarantine as required by the State Board of Health. That we ask for the co-operation and support of the press and of the proper authorities in our efforts to stamp out the disease."

Dr. Rembe described a very interesting case of **suppuration of the axillary glands** and Dr. Fairbrother another one of **pericarditis** with effusion in which his efforts to evacuate the fluid by means of a canula were unsuccessful. The patient died some time afterwards and at a post mortem examination it was found that the canula had passed parallel to the pericardial sac without penetrating it. Both cases were very thoroughly discussed.

B. PORTUONDO,
Official Reporter.

The Jo Daviess County Medical Society met in the parlors of the Great Western Hotel, Stockton, October 31, at 1:30 P. M.

On account of sickness in his family the

President, H. T. Godfrey, was compelled to be absent. The vice-president also was absent. The secretary called the meeting to order, and on motion was elected to also act as president pro tem, for the day. The following members and visitors were present: Drs. Hutton, Lewis, Stafford, Smith, I. C. Tynell, Eade, Sharp, Keller, Krider, Phillips, D. G. Smith. Visitors: J. W. Heustus, Dubuque, Iowa; Clay, Pearl City, Russel and Dr. Harris, Stockton.

Andrew Grassan of Apple River, F. M. Bair of Benton, Wis., and C. E. Wright of Scales Mound, were elected to membership.

J. W. Heustus, of Dubuque then read a valuable paper on **Minor injuries of the Cornea**. In this paper he set forth the minor injuries of this portion of the eye and outlined the treatment that the various degrees of injury require.

First those due to foreign bodies, not the penetrating or deep wounds, but the slight injuries where the existing cause is not in the eye at all. It may have touched the eye just sufficiently to cause an irritation, and then disappeared. As a rule these injuries require no treatment at all, only to assure the patient that the foreign body is not there and that the eye will probably be all right the next day. There are some patients who want something done, and for these a Boracic acid solution 5 grains to the ounce is beneficial. The next class is that in which the foreign body is resting on the cornea, not doing any particular harm, but simply resting quietly and only causing a slight irritation. To remove it is all that is necessary.

In our next class we go one step farther and suppose that the foreign body has been neglected, and allowed to remain in the eye for some time. We are then almost sure to find on removal a small spot of ulceration. These generally recover only a little slow; if after a few days they show a disinclination to heal, a gentle stimulation by the use of an ointment of yellow oxide of mercury one or two grains to the ounce of vaseline, gently massaged into the eye once a day is very beneficial. If at this stage the eye becomes intolerant to light and a zone of injection appears around the cornea, atropine 4 grains to the ounce is indicated, as well as a shade or bandage.

The next class of cases is that in which the foreign body upon its entrance causes a loss of substance to the cornea, under this head would come, lime, hot cinders, emery from a wheel, and in fact anything which from its nature is capable of burning or cutting. We must speak of them as a whole. The foreign body of course must be thoroughly removed and the eye cleansed. A local anesthetic renders this operation painless. The after treatment is entirely in accordance with the amount of damage done. Slight injuries will heal spontaneously, but if in a few days it assumes a dangerous aspect, the atropine or whatever is called for must begin. The complications that may arise in this class of cases, may come from several sources. Namely the nature of the foreign body, its mode of en-

trance, the time it remains there, the manner of its removal and the infection from without and from within. A perfectly healthy eye and its appendages will under ordinary circumstances heal readily, but let an unhealthy condition exist in either and our case at once assumes a serious aspect. Infection carried into the eye is extremely rare and will not be considered here.

I will quote but a few cases where the injury has been simple, although became serious because of an unhealthy condition of the surrounding parts.

Case 1. A little child, while playing with her kitten received a slight scratch in the cornea from its claw, she complained a little for several days and rubbed the eye almost constantly, but as the parents were unable to see anything wrong themselves they did not deem it necessary to consult a physician, for about a week or until the eye as they expressed it began to look "white," when brought to me the whole cornea was found to be involved in an abscess which in spite of everything that could be done resulted in a sloughing of the cornea, the total loss of the eye and phthisis bulbae.

Case 2. A man presented himself with an abscess of the lachrymal duct. Bowman's operation was advised, but the patient was unwilling to submit to operative interference. A small ulceration of the cornea caused by an injury which under healthy conditions would have amounted to nothing, made the case a complicated one, and in a few days the surface of the ulcer showed unmistakable signs of infection, soon a small abscess appeared on the cornea, which in spite of anything that could be done spread rapidly and in a few days the eye was irrevocably lost and was eventually enucleated on account of pain.

Case 3. A traveling man while hastening to catch a train encountered a gust of wind and a foreign body presumably a grain of sand became imbedded in the cornea. When seen by me several days later there was found quite a large spot of ulceration and infiltration. The usual remedies were tried with good results, but it being necessary for him to leave town on business trip, after a few days the eye became worse and was subsequently curetted and finally it became necessary to use the actual cautery to stop the suppurative process. This was successful. The result, however being a scar covering about one-fifth of the pupil and quite seriously interfering with vision. I am glad to say this scar is gradually growing thinner.

Case 4. A farmer received a slight injury to the cornea, causing a loss of substance and subsequent ulceration. An examination of the case showed the condition as above stated and the lids thickened and granular in other words, a condition of granular conjunctivitis, chronic in its nature as a complication. The granulations were thoroughly removed, the spot of ulceration curetted, the result being a fair recovery with sufficient vision to make useful eye.

Case 5. While engaged in cutting stone was struck in the eye by a chip causing a slight abrasion of the cornea. Examination of the lids showed chronic granular conjunctivitis. This case was seen so early that infection of the cornea did not exist and the injury being such a slight one our attention was directed entirely towards the lids. They were thoroughly scraped and squeezed and the granulations entirely removed. The result was all that could be expected and the eye made an uninterrupted recovery.

Space will not allow to report more, but the point he emphasized was; first, that an ordinary injury of the cornea is, comparatively speaking a simple matter. Second, simple injuries of the cornea become fat from simple matters when the lids or tear passages are in an unhealthy condition. In this section of the country where so many of our patients are farmers and are exposed to so much dust, especially in connection with threshing machines, granular conjunctivitis and the accompanying granular lids are common occurrences. Giving as they do, but little trouble to their owners, they pass unnoticed until a complication arises and then it is often too late to arrest serious results. These lids should be cureted or cauterized and thoroughly at that. In small ulcerations the Tr. Iodine has worked admirably, applied daily.

T. M. Eade then brought in a patient and conducted a short clinic. The patient a young woman in the twenties, unmarried. Menstruated regularly until July it was quite scanty. External examination reveals a tumor in abdomen, only external examinations were made as the doctor in charge stated that vaginal examination revealed nothing of importance and that he had not passed a uterine sound.

Owing to the incomplete examination no positive diagnosis was made, but the following were named. **Pregnancy, ovarian cyst, multiple fibroma, tubal pregnancy.** Dr. Eade promised to report outcome of case at next meeting.

The Stockton physicians now invited the Society to dinner in the hotel dining rooms and all partook of an elegant repast, especially prepared for them.

At 7 P. M. the Society again reconvened, and the subject for discussion "tonsillitis" was opened by Dr. Stafford, every member present took part in this discussion and all gathered some good points for the future treatment of this trouble.

The Society adjourned to meet in Warren on the third Thursday in January, 1902.

D. G. SMITH, Official Reporter.

The Chicago Ophthalmological and Otological Society.

A regular meeting was held Tuesday evening, Nov. 12th with the President, Casey A. Wood, in the chair.

F. C. Hotz exhibited a case of **aphakia.**

C. D. Wescott narrated a case of **traumatic cataract in both eyes.**

The cases were discussed by C. A. Wood and Snyderacker.

C. P. Pinckard reported a case of **congenital dislocated lens.**

W. T. Montgomery cited a case of partial dislocation of the lens with cataract.

C. H. Beard presented a case of **removal of the lens for a high degree of myopia.** He also showed a case of **blastomycetic dermatitis.**

H. M. Starkey showed a patient in whom there was a **high degree of myopic astigmatism.**

These cases were discussed by J. E. Colburn, Snyderacker, Hotz and Wood.

C. A. Wood reported the case of a man with a **large swelling of the bulbar conjunctiva.**

C. O. Young showed a case presenting a rather **unusual appearance of both eyelids.**

Oscar Dodd showed a case with **affection of the eyelids and a case of glaucoma.**

The cases were discussed by F. C. Hotz, Young, Montgomery and Wood.

Thomas A. Woodruff presented a case of **thrombosis,** which was discussed by Dr. Hotz.

A. H. Peck exhibited a case of **diabetes;** also reported six cases of trachoma.

W. F. Coleman showed a case of **optic atrophy.**

C. P. PINCKARD,
Official Reporter.

The Chicago Pathological Society met October , J. Clarence Webster read a paper on **The Question of Ovarian Pregnancy,** in which he expressed his doubts as to the real occurrence of fertilization of a graafian follicle even though Van Tussenbrock has demonstrated a microscopical specimen of such a condition.

He thinks this condition may have been brought about by the already fertilized ovum becoming attached to a ruptured graafian follicle. He believes that the fertilization of the human ovum can only begin its development in tissue, developed from the Mullerian tract.

E. R. LeCount exhibited a **Tracheo-bronchial cast,** 16. c. m. in length which had been expelled by an adult, after a history of 9 days illness from tonsillitis, the cast is hollow throughout.

Microscopical examination shows a fibrinous network in the meshes of which are many leucocytes, no bacteria were demonstrated.

The patient died two days after the cast was expelled. The post mortem revealed the trachea and bronchi covered by the cast to be quite devoid of any mucous lining.

H. Gideon Wells reported a case of **primary carcinoma of the liver** probably arising from adenomatous proliferation of the liver parenchyma in atrophic cirrhosis.

Thomas R. Crowder presented a specimen showing **hyperplastic tuberculosis of the vermiform appendix.**

S. Dahl, exhibited a specimen demonstrating **chronic indurative paranephritis and diffuse capsular lipoma following chronic suppurative pyelitis.**

The Chicago Academy of Medicine at the November 8th meeting G. W. Johnson was elected chairman. E. H. Lee opened a discussion on "**Mechanism of Skull Fracture**" in which he pointed out that Bruns was the first to demonstrate that skull elasticity played a part in the mechanism of skull fracture. The elasticity of the vault and skull base prevents frac-

ture there until this elasticity is overcome. Inner table fracture and dislocation from external force is apt to be greater than fracture and dislocation of the external table. This results from the operation of the impact. There is at first a bending inward which presses the external table particles together while the internal separate. This extensive tendency of the inner table should always be remembered since it indicates surgical treatment and consequences. Moderate depression of the skull may be without effect even over motor areas. Fractures of the skull base are usually indirect. Direct injury occurs through the orbital and nasal route and is very rare. Former teachings anent contracoup have lost their significance under modern discoveries.

H. Carl Anderson thought that many lunatics owed their insanity to the failure to remove irritation from fractures received during youth.

F. S. Coolidge did not believe that there was great danger in making a compound fracture out of a simple one if proper antiseptic precautions were observed.

Jacob Frank did not believe that the brain should be explored in the absence of focal symptoms. In the treatment of depressed fracture age should be taken into consideration.

Carl Beck was of opinion that fractures often resulted from contracoup. Cases of brain surgery should be individualized as to treatment. Secondary meningeal infection might occur from minute fractures which could be discovered and relieved by trephining.

Jacob Frank was of opinion that ventricular tapping relieved coma in certain cases.

W. G. Stearns insisted that the neurologic aspects of fractures justified care in the removal of irritations. He was of opinion that removal of pressure through the veins answered better than ventricular tapping.

J. G. Kiernan pointed out that from an embryologic standpoint the dermal bones which sprang from the skin would have a different elasticity and consistency than those which came from the chondrocranium. There were very few cases in the insane hospitals which had not been operated on even to excess for alleged or existent fractures. A great many surgical "cures" of the effects of skull traumatism entered the insane hospitals after their "cure." Venesection was preferable to ventricular tapping so far as his experience went.

JAMES G. KIERNAN,
Official Reporter.

The Chicago Gynaecological Society met Friday evening November 15th. The President L. E. Frankenthal in the chair. Emil Ries presented a specimen of a **tubo-ovarian cyst**; which showed the rare condition of the fimbriae lying free in the sac formed by the ovarian walls. This rare condition is important because it shows that the usually accepted explanation of the formation of a tubo-ovarian cyst, namely, first a union of a tubal and an ovarian cyst and then the breaking down of the partition wall is not applicable in all cases. Palmer Findlay demonstrated several specimens from Jno. Clarence Webster's clinic at the Rush College.

Rudolph Holmes explained a new instrument for packing the uterus in cases of post-partum hemorrhage. Lester Frankenthal reported a **fatal case of eclampsia** in a woman who had been under strict dietetic management and careful observation as to urinary secretions during the entire pregnancy.

Richard Smith of Grand Rapids, Mich., presented an inaugural thesis on **fibroma and myoma of the vagina**. The paper was based upon the study of one hundred cases collected from the literature and one case observed by himself. The most important conclusions arrived at were that fibroma of the vagina is a rare disease occurring most frequently in women between thirty and forty, independent of civil conditions, not affecting fertility, sometimes obstructing labor and increasing menstruation. The commonest symptoms are pain, hemorrhage, discharge and obstruction of the bladder. These tumors grow more frequently from the anterior wall. May be sessile or polypoid, vary greatly in size and are prone to oedema, necrosis and ulceration. Their treatment is essentially surgical.

Emil Ries discussed the paper, calling attention to the regrettable absence of a careful discussion of the relation between these tumors and those of the uterus and also to our ignorance of the relation of the tumors to the embryonic structures, namely the Gaertner ducts.

J. A. Abt read by invitation a paper on **spontaneous hemorrhage of the new-born**. He described ten cases studied by himself and described particularly the etiology coming to the conclusion that the data on hand would not allow one to speak positively on the subject, but justifying the probable conclusion that there were a variety of etiological factors. Under the head of treatment he advised more use of gelatine solution. The paper was discussed by Jos. Capps, who held that the disease was probably due to infection and also called attention to the importance of examining the coagulability of the blood in these cases. The paper was discussed further by Rudolph Holmes, C. S. Bacon, Frank Carey and J. C. Hoag.

In executive session Richard Smith was elected a non-resident Fellow of the Society.

C. S. BACON,
Official Reporter.

The Chicago Medical Society has held meetings during the month as follows:

October 30th—Program.

1. (a) "The Treatment of Raw Surface in Abdominal Operations." (b) "The Method of Incision in Colpotomy"
J. Clarence Webster
2. "The Value of Electrolysis in the Eustachian Tube"
Norval H. Pierce
3. "Surgery of the Gasserian Ganglion"
J. B. Murphy

Discussion by A. E. Halstead.

The Membership Committee reported on the following applications: E. R. Scholten, J. Hess, Wm. K. Spiece, E. S. Barker, L. E. Schwartz, Edward Benedict Taylor and Henry J. Way.

November 6th—Program.

1. Presentation of a Case of Tracheal Stenosis from Aortic Aneurysm
O. T. Freer
2. Report of a Case of Abscess of the Brain
J. Holinger and J. W. O'Neill
3. Presentation of Cystoscopic Cases
L. E. Schmidt
4. Exhibition of Patient and Specimen from a Case of Resection of 2-3 of the Liver for Anglo-Adenoma
C. Beck

The Membership Committee reported on the application of Wm. A. Kimmet.

November 13th—Program.

1. Demonstration of Kronlein's Operation for Exposure of the Post-Orbital Space Without Removal of the Eye
E. F. Snyder
2. The Relief of Symbblepharon by Skin Grafting with Presentation of a Case
F. C. Hotz
3. Plastic Operation on a Shrunken Orbit
Henry Gradle and M. M. Ritter
4. Report of a Case of Fatal Tetanus Following Eye Injury
C. P. Pincard
5. "Quo Vadis," or a Search for the Truth Concerning Graduated Muscular Tenotomies for the Relief of Ocular Neuroses
F. Allport

The Membership Committee reported on the applications of A. C. A. Gaul, E. D. Howland, D. W. Craig and J. H. Collins.

November 20th—Program.

1. On the Infectious Origin of Purpura Hemorrhagica, with report of a case
A. W. Schram
2. On the Pathology of Purpura Hemorrhagica
W. H. Rubovits
3. Morphin and Allied Drug Habits
David Paulson
4. Superheated Dry Air in the Treatment of Acute Localized Infective and Septic Diseases, Including Pneumonia, Pleuritis, Appendicitis and Osteomyelitis
H. J. Burwash
5. Venesection. Is It a Lost Art?
C. Anderson

The Membership Committee reported on the following applications: C. A. Leenheer, C. H. Parkes, T. B. Sachs, F. H. Edwards and O. S. Ormsby.

Applications for membership were received from A. P. Ohlmacher, H. R. Boettcher and Daniel H. Cunningham.

The Chicago Electro-Medical Society met Tuesday evening, September 24, 1901, at room 1101 Masonic Temple, Chicago.

Meeting called to order, J. E. Gilman, the second vice-president, in the chair.

Dr. Burdick proposed that arrangements be made if possible with the Chicago Medical Society for the use of their club room one night a month.

The chair then appointed the following committee, Doctors Burdick and Baer, to act and to report to the secretary as soon as possible

so that the members might have due notice of the time and place of the next meeting.

A report of the last meeting of the American Roentgen-Ray Society held in Buffalo, N. Y., Sept. 10 and 11, was read by the editor of the American Electro-Therapeutic and X-Ray Era.

The secretary was instructed to write to the secretary of the American Roentgen Ray Society, requesting, in behalf of the Chicago Electro-Medical Society, that the next regular meeting of the Society be held in Chicago and to extend to them our most hearty welcome.

The society then proceeded to the reading of the papers of the evening.

The first paper entitled "Three Eye Cases Treated by Electricity," was read by Dr. Baer. The paper was ably discussed by Drs. Burdick, Grubbe, Lewis and Pratt.

The next paper, entitled "Theories Pertaining to the X-Ray," was read by Prof. Treadwell.

I shall take the liberty to introduce this paper by a discussion of the phenomena occurring in the discharge of electricity through gases at different pressures. I think this is essential to a correct understanding of the X-Ray. Let us imagine a cylindrical tube connected with an air pump having two (2) disk electrodes, sealed at opposite ends of the tube. When these electrodes are connected to an induction coil or static machine, a linear zig-zag spark will pass between the electrodes while the air pressure is one (1) atmosphere. If, now, pressure is gradually reduced by the air pump we shall note the different phenomena produced at various pressures. As the pressure decreases to one-tenth (1-10) of an atmosphere, the appearance of the spark does not change, but it is noticed that the voltage required to produce the discharge is decreased with the air pressure up to a certain critical value for each gas; after which, if the pressure is reduced the voltage required to produce the discharge must be increased. Even to one-thousandth (1-1,000) of an atmosphere, the spark is linear, but is attracted by a magnet, and if the discharge touches the sides of the tube the glass becomes phosphorescent. When this pressure is the one-millionth (1-1,000,000) of an atmosphere there occurs "the Geissler" discharge. Near the negative electrode is a dark space, called the negative space. Beyond this is the negative glow, the color depending on the gas in the tube; nearer the positive electrode is the positive glow, consisting of luminous stratifications which seem to be moving rapidly toward the negative electrode; new ones starting from the positive electrode continually.

As the vacuum is further diminished by the air pump the dark space broadens out from the negative electrode and at about the millionth of an atmospheric pressure fills the entire tube; the walls of the tube fluoresce vividly. If the cathode be made concave and a piece of metal be placed at its focus, the metal is soon heated red hot. If a screen of calcium tungstate is placed lengthwise in the tube, its entire length is made to glow by a discharge which seems to come from the cathode.

Crookes gave the name of "the Cathode

Rays" to this discharge. He discovered that if the stream fall upon the arms of a light wind-mill, suspended to rotate within the tube, it will be set into rapid rotation. The rays may be bent by a magnet so as to fall upon the other side of the wind-mill, and will cause rotation in the opposite direction. If the rays fall upon a piece of metal its shadow is cast upon the walls of the tube.

Such phenomena led Crookes to hold that the cathode rays consist of negatively-charged particles of the gas still remaining in the tube, shot from the cathode with great velocity. It is evident that a stream of charged particles would present such phenomena. But several German physicists, among whom was Lenard, obtained phenomena apparently impossible to a crowd of particles. The glass was observed to fluoresce under a piece of thin gold foil. It was hardly possible for particles of gas to proceed through a solid.

Lenard cemented a very thin piece of aluminum over a hole in a Crookes tube, opposite the cathode, and obtained the cathode rays outside the tube. He proved these to be cathode rays because they presented all the phenomena of these rays. For example, they could be deflected by a magnet; he therefore came to regard these rays as a kind of radiation in the ether. The majority of German physicists still hold to this view.

Soon after this Roentgen discovered the X-rays. His attempts to prove it a radiation similar to light were not successful. Physicists are pretty well agreed that the X-rays cannot be made to show either interference or polarization.

The most of the German scientists consider this a kind of radiation in the ether, different from both the cathode ray and ordinary light. Roentgen and Boltzmann think the X-ray may be longitudinal vibrations.

From what is known of the properties of the ether, such a mode of vibrations is possible. Jaumann thinks the ray may be in part longitudinal, in part transverse. Others hold that the ray is transverse vibration like light, but of very much smaller wavelength. This would account for the failure to exhibit the properties of light.

The English school, led by Stokes and Thomson, have quite a different theory. They show that the quick stopping of the cathode streams of charged particles would set up electromagnetic waves having the properties of the X-rays. These waves are not regular like light-waves, but are a series of impulses, each one of which is produced by the quick stopping of an electrified particle in the cathode ray. Indeed the X-rays originate when the cathode stream is stopped. Such a train of waves might well be expected to exhibit phenomena different from the regular vibrations of light. From this point of view the nature of the cathode rays is of fundamental importance. In 1897 Thomson published his researches on the cathode rays. From his experiments he is led to believe that he has measured not only the velocity of these particles in the cathode stream, but

has determined their mass. He concludes that their velocity may vary in the different gases, but their mass is always the same, about one-thousandth part of the mass of a hydrogen atom. He holds that the atoms of all elements are composed of these corpuscles, all having the same mass.

However attractive may be the view of Thomson, it seems to me that we must be conservative in its acceptance. We must rather be content to recognize the fact that there is not sufficient argument among physicists to accept any of these theories.

Discussion of the above paper followed. Dr. Grubbe said that the view held by Roentgen presented the fewest difficulties; the X-ray may well be considered a longitudinal vibration of the ether.

Dr. Pratt was then called upon to explain his theory of the X-ray, which he did very clearly by illustrations upon the blackboard.

He regards the X-ray as an electrical circuit, starting from the exterior of the tube, extending through air and back to the inner part of the tube by means of the terminals.

Considerable discussion on Dr. Pratt's theory followed. Mr. Treadwell opposed the theory and Dr. Hall held that it might serve as a working theory inasmuch as it explained the phenomena in a very simple manner. Drs. Hall, Grubbe, Burdick and Pratt took part in the interesting discussion that followed.

At the request of the chair Dr. Morrell of Cincinnati talked for a few minutes upon a case of cancer which he was treating by means of the X-Ray. At the conclusion of the history of the case, Dr. Morrell requested the opinions of the members of the society upon the subject. A very interesting and instructive discussion followed by the society in general.

RICHARD H. STREET,
Official Reporter.

The North Central Illinois Medical Association will convene at Dixon, December 3d and 4th.

The President, F. C. Robinson of Wyanet will deliver the annual address taking for his subject **Past and Present—Then and Now.**

The general address will be given by Wm. E. Quine of Chicago, on **Cryptogenic Infections.** A general program of great interest will occupy the time during the two days session. A banquet will be given at the Nachusa house Tuesday evening.

The German Medical Society, of Chicago, held a meeting October 10, at Hotel Bismarck. Dr. Fuetterer, in the chair.

Elections: President, Dr. Fuetterer, Vice-President, Dr. Gustav Schirmer, Second Vice-President, Alfred Schirmer, Secretary Dr. Doepfner. The motion was carried that the minutes of the meetings should be sent to Geo. N. Kreider, editor, for publication in *The Illinois Medical Journal*.

Charles Spencer Williamson was elected official translator.

Voted that congratulations shall be cabled to Professor Virchow on his 80th birthday.

Second meeting, October 24th. Hotel Bismarck. Gustav Schirmer in the chair.

Dr. Holinger showed a case of **cholesteatoma** with radical operation and complete recovery. Dr. Herzog demonstrated specimens of (a) **lymphosarcoma of the mesentery** in a child. (b) **Pregnancy in uterus duplex**. (c) **hyper-trophic prostate gland**.

Dr. Kolischer: **Anterior vertex presentation**. His views are firmly opposed by Drs. Banga, Saurenhaus, Rice and Doherty.

The motion was carried to have a second discussion in one of the following meetings.

Dr. Saurenhaus' motion to raise the annual fee to \$3.00 was carried.

Our meetings are held every second and fourth Thursday from October to June, in the Hotel Bismarck. Any regular physician who happens to be in town is always welcome. He introduces himself to the president.

We now have 80 members with—we are proud to say—many full-fledged Americans.

I can assure you that it will always be a pleasure to us to support the State Medical Society.

KARL DOEPFNER,
Official Reporter.

New Incorporations.

The Secretary of State at Springfield has licensed the following corporations:

Lily of the West Frauen-kranken-unterstuetzungs Verein, Chicago; not for profit; social and charitable; incorporators, Maria Pretzer, Herminia Fricke, Johanna Oehler.

Chicago Policlinic, Chicago; not for profit; maintaining a school, hospital, and dispensary; incorporators, Fernand Henrotin, John H. Chew, Robert D. MacArthur.

Searle & Hereth company, Chicago; capital stock increased from \$150,000 to \$200,000.

Clarence E. Patrick company, Kankakee; capital, \$5,000; retail drug business; incorporators, Daniel H. Paddock, Clarence E. Patrick, J. A. Wright.

John Gertz Sick Benefit society, Chicago; object, benevolent and charitable purposes; incorporators, John Gertz, John C. Schultz, Julius Kaeseberger.

Kirschstein Drug company, Chicago; capital, \$2,500; wholesale and retail drug business; incorporators, Elmer H. Adams, Asa G. Adams, S. R. Adams.

People's Distilled Water company, Chicago; capital \$250,000; manufacturing and selling distilled water; incorporators, Will H. Clark, Arthur Dyrenforth, Sidney W. Worthly.

Underwriters' Laboratories, Chicago; capital, \$1,000; manufacturing and dealing in physicians and surgeons' supplies; incorporators, Clinton S. Woolfolk, William B. Walrath, and Peter Deichman.

Vienna Medical Institute, Chicago; capital, \$1,000; conduct a sanitarium; incorporators, W. A. Reinhardt, W. F. Reinhardt, and D. L. Hageman.

Blue Grass Spring company, Chicago; capital, \$100,000; operating a hotel or sanitarium; incorporators, James H. Templeman, James H. Wells, and George W. Spinner.

Rock Island County Medical Society, Rock Island; not for profit; medical and scientific research; incorporators, Carl Bernhardt, L. D. Dunn, and C. C. Craig.

Marriages, Deaths and Changes of Address.

DEATHS.

(Furnished by the State Board of Health.)

Bradshaw, B. H., in Salem, Oregon, Oct. 14th.
Fullenwider, J. A., in Chicago, October 23d.
Gray, Wm. M., in Alleghany, Pa., October 10th.
Gillett, W. J., in Parsons, Kansas, October 30th.
Harris, Wm. F., in Ferris, November 3d.
Porter, Dennis W., in Decatur, October 23d.
Stoner, Chas. E., in Des Moines, Iowa, Oct. 25th.
Vandervort, Ira A., in Bloomington, Nov. 1st.

CHANGES OF ADDRESS.

(Furnished by the State Board of Health.)

CHANGES IN CHICAGO.

Bechtol, Chas. O., Dunning to 4000 Ellis Avenue.
Blair, James H., 126 State st., to 6207 S. May st.
Cook, Geo. E., 3411 Wabash ave., to 2489 Magnolia ave.
Dopfner, Karl, 531 Orchard st., to 103 Randolph st.
Foster, Addison H., 42 S. Seeley ave., to 940 Madison st.
Patton, Fred P., Dunning to Marine Hospital.
Partridge, Ellen C., 7248 Union ave., to 6831 Halsted st.
Potts, Herber A., 2259 Calumet ave., to 4744 Madison ave.

CHANGES FROM CHICAGO.

Blackburn, Mathew H., to Princeton.
Ferguson, Clara, to Europe.
Huizinga, John G., to Grand Rapids, Mich.
Mellish, Ernest J., to El Paso, Texas.
North, Francis E., to Taylorville.
Russell, Frank H., to Kewanee.

CHANGES TO CHICAGO.

Anthony, Frank H., to 4545 St. Lawrence ave.
Bacmeister, Theo. Jr., Toulon to 2524 N. 52d ave.
Dickerson, Spencer C., to 3642 Dearborn st.
Fisher, Frederick A., Oak Park to Kedzie Hospital.
Huston, Irwin E., Roanoke to 1475 Michigan ave.
Hoyt, Wm. W., to 481 Wabash ave.
Hittner, Henry M., to 404 42d st.
Hubbard, Frank L., Virginia to Lying-in-Hospital.
Lespinasse, Victor D., to Cook County Hospital.
Lacy, Hattie E. G., Fontana, Wis., to 103 State st.
Majors, Monroe A., to 171 21st st.
McClave, Arthur W., to 2426 Wabash ave.
Richter, H. A., to 4147 Lake ave.
Shipp, Farinda J., Springfield to 98, 63d st.
Walker, John R., Bluffs to 206 E. Washington st.
Walton, Chas. A., Bement to cor. 39th st., and Cottage Grove ave.

CHANGES FROM ILLINOIS.

Coolley, Elmer B., Pilot to Los Angeles, Cal.
 McConnell, Robert J., Baylis to Oklahoma.
 Scott, Evans, Time to Oklahoma.
 Scott, James D., Time to Oklahoma.
 Truax, Herbert E., Springfield to Atlanta, Ga.
 Thornber, Amos J., Powellton to Burlington, Ia.

CHANGES TO ILLINOIS.

Gwynn, O. J., to Granite.
 Rigg, Virginia C., to Springfield.

CHANGES IN ILLINOIS.

Babcock, Henry S., Jamesburg to Danville.
 Bottom, Emmet C., Blair to East St. Louis.
 Bushee, Grant B., Cambridge to Buda.
 Carman, Fred W., Prophetstown to Geneseo.
 Downs, Henry B., Gila to Danville.
 Downs, Maggie Y., Gila to Danville.
 Fuller, Geo. W., Heatsville to Allison.
 Fouser, A. R., Joliet to Canton.
 Gilbert, Cleora E., Geneseo to Paw Paw.
 Gilbert, Wm. S., Geneseo to Paw Paw.
 Glass, Miles M., Brookport to East St. Louis.
 Heitman, Jefferson H., Lima to Tioga.
 Keator, Louise H., Polo to Peoria.
 Lacy, L. S., Pleasant Hill to Time.
 Marder, John L., Madison to Venice.
 Motley, Elliott R. Jr., Kinderhook to Virden.
 Nicolay, Jno. W., Minier to Bloomington.
 Roberts, W. F., Pleasant Plains to Athens.
 Reno, Clarence G., Blackstone to Streator.
 Sibbald, Geo., Seneca to Morris.
 Shaw, Robert H., Annawan to Lyndon.
 Trovillion, Jerry A., Golconda to Harrisburg.
 Throgmorton, R. M., Wolf Creek to Herrin.
 Trigg, Franklin E., Roanoke to Fairmount.
 Wilkinson, Chas. E., Monticello to Danville.
 Williams, Thomas P., Murdock to Fair Grange.
 Young, John C., Normal to Roanoke.

Newton Sedgwick Read died at his home in Chandlerville, Cass county, on the the 11th of August, at the age of 81 years and 17 days. He was the last of the "old-time doctors" of that region—that phrase comprehending the pioneer physicians who settled on the Sangamon prior to 1855.

His parents migrated early in the last century from Massachusetts to Williamsfield, Ash-tabula county, Ohio, where he was born on the 25th of July, 1820, the third of a family of six children. He was reared on a farm in Trum-bull county, Ohio, to which place his parents moved in his early boyhood, and there acquired a fair elementary education at the county schools.

In 1841 he commenced the study of medicine at Newark, Ohio, with an elder brother, A. N. Read; and after attending two courses of lectures at the Cleveland Medical College he was graduated from that institution in March, 1844.

In the spring of 1852 he came to Illinois and settled in Chandlerville, where he remained the rest of his life.

An extensive field in the fertile, malarial Sangamon bottom was open to Dr. Read and invited his services. He diligently responded to the calls of the people, and was soon engaged in a busy, laborious practice, which he maintained with marked ability and success for nearly half a century.

Starting with a common school education as a basis, he enriched his mind by constant study and research, not only in the departments of learning necessary to his profession, but in the wide domain of literature and natural sciences. He kept pace with all discoveries and improvements in medicine; was continually investigating the processes of nature; and became familiar with the natural history, geology and archaeology of the surrounding region. But to his profession he gave the chief devotion of his active brain. It was first in his thoughts, and his supreme pride. To him the theory of medicine was an exalted science, and its practice a noble and dignified calling. He was well



fitted by nature for the life work he had chosen, possessing to an eminent degree a kind, sympathetic disposition that made the alleviation of human suffering and misery one of his greatest pleasures. He was gifted too—besides his very creditable acquirements gained by study and observation, and his humane impulses—with those main essentials for success in any vocation, sound judgment and strong common sense.

Dr. Read was one of the earliest and most active members of the Illinois State Medical Society, and a member of the American Medical Association. He was also a member of the Masonic Order and the Chapter.

In all social and domestic relations he was actuated by a fine sense of right and justice, and always manifested the instinctive nobleness of the true gentleman. He was singularly free from prejudices, not only in his professional theories and methods, but in the every day affairs of life. Broad minded and liberal in his views, though firm in his convictions, he recognized the Godgiven right of private judgment, and was generously tolerant of opinion conflicting with his own.

Dr. Read was stricken in the spring of 1900

with partial paralysis, from which he rallied, but was too far exhausted to recover. He was apparently regaining something of his old animation when a slight fall shocked his enfeebled system and completely prostrated him with intense suffering from which he was in a few days mercifully relieved by death.

D. W. Porter died at his home, Decatur, Ill., Wednesday, October 23d.

He was born at Barnesville, Ohio, April 25, 1844. His father and mother died when he was a mere boy, leaving him, two brothers and a sister.

He moved to Vandalia in the year 1863 and afterwards to Springfield. He began teaching school in and about that vicinity. In 1870 he began blacksmithing at Pawnee, where he made

money enough to give him a start. In the fall of 1876 he entered Rush Medical College, Chicago, and graduated in 1879. After leaving college he located at Stonington.

In 1882 he was married to Lillian C. Wetzel of Blue Mound. He and his wife moved to Grant, Neb., in 1886, but returned in 1890, and located at Blue Mound.

He had retired from the practice of medicine on account of his health.

He leaves a wife and two children.

The funeral was held at the M. E. Church at Blue Mound, conducted by Rev. J. P. Edgar. All places of business closed from 10 o'clock until noon. The pall bearers were Doctors Matthew, Harvey, Montgomery, Moffett of Blue Mound and Coe and Bridges of Stonington. The burial was at Hall Cemetery.

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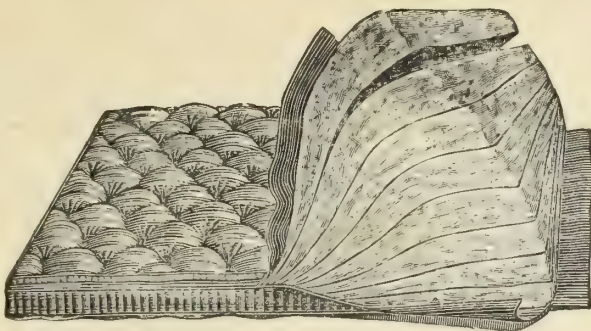
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J. F. B.

ILLINOIS Medical Journal



The Official Organ
of the
State Medical Society

Monthly Under Direction
of the
Judicial Council.

Printed by
THE ILLINOIS STATE JOURNAL COMPANY.

Entered in the Springfield Postoffice as Second-Class Matter.

Volume LI,
New Series, Vol. III. }
Number 8.

Springfield, Ill., January, 1902.

{ Subscription, \$3 a Year.
Single Copies, 25 Cents.

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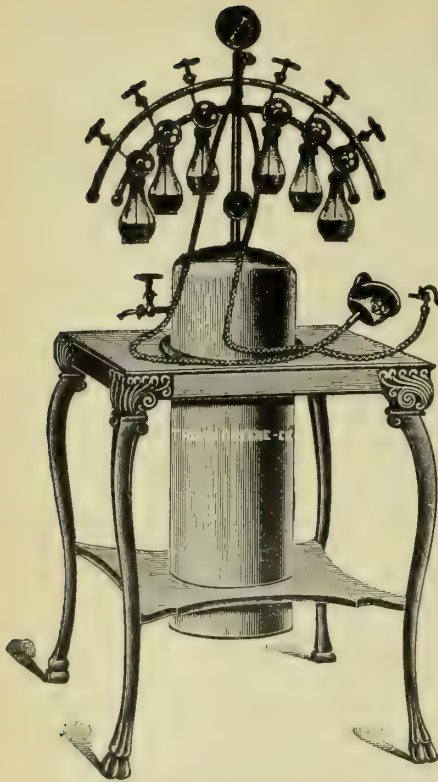
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The Official Organ of The Illinois State Medical Society.

VOL. LI.
New Series, Vol. III. {
No. 8.

Springfield, Ill., January, 1902.

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THE DIAGNOSIS OF THORACIC ANEURYSM.*

BY ARTHUR R. EDWARDS, A. M. M. D., CHICAGO

The aetiological diagnosis is that of arterio-sclerosis with especial emphasis placed upon syphilis. Opinions differ regarding the importance of syphilis and statistics show a relation in 29 per cent (M. Schmidt), 36 per cent (Fraenkel), 53 per cent (Gerhardt), 80 per cent (Malmsten), and 100 per cent (Drummond). Personally I think the relationship between syphilis and aneurysm is as well established as between syphilis and locomotor ataxia, the vast bulk of cases coming under my own clinical and autopsy observation giving a clear history and indubitable stigmata of syphilis. Trauma, sex and mycotic factors are less clearly diagnostic, while age is oftentimes significant. The older statement that aneurysms occur before the fiftieth year and arterio-sclerosis after that limit still maintains.

The age at which aneurysm is found differs with the authority, aneurysms occurring between 30 and 40 (Crisp), 30 to 50 (Orth), 30 to 60 (Rokitansky), 40 to 50 (V. Schroetter), while later compilations set the age higher, 50 to 60 (Emmerich), 60 to 70 (Juda) and even over 70 (Barsdorff).

Bramwell's clinical sub-division separates aneurysms into three classes:

1. Those which are entirely latent, becoming manifest only by rupture or at the autopsy.
2. Those presenting symptoms of intra-thoracic pressure but giving no physical signs by which aneurysm can be positively proven.
3. Those signalized by distinct signs

and symptoms, e. g. by pulsating expansile tumors etc., etc.

The absolute or relative latency then of a very large proportion of aneurysmata gives a disproportionate dignity to symptoms per se.

We therefore consider first the purely subjective evidences of aneurysm, since the clinical signs are most variable as was insisted upon by Stokes at a very early date and they often change or wholly disappear when the aneurysm changes the direction of its growth. Stokes laid especial stress not only upon the evidences of intra-thoracic tumor, but also upon pain and other symptoms of circulatory or respiratory disease, unattended by corresponding physical signs.

Pain is either intrinsic, from subacute aortitis, which varies with the arterial tension, is relieved by reduction of the circulation and is localized and dull or aching in character; or pain is extrinsic, from pressure on nerve trunks especially in deep seated tumors or from the weight of the aneurysm, as illustrated by a case of Stokes in which pain was relieved by the use of crutches. Progressive enfeeblement, emaciation and distress with pain are of diagnostic value. Sudden pain in the left chest whether anginal or not, which does not yield to treatment, always suggests aneurysm.

Gairdner states that pain in the majority of cases of aneurysm is the first the most notable and often the most enduring symptom.

In aortic disease the pain is referred to the first, second, third and fourth dorsal areas. (Mackenzie and Head), while in angina pectoris it may be referred as low as the ninth dorsal and is always accompanied by certain cervical pain (Gairdner).

The primal importance of pain was first

*Read at the Fifty-first Annual Meeting of the Illinois State Medical Society, Peoria, May 21, 1901.

emphasized by Beatty. The iodide of potash often greatly alleviates or entirely removes the pain, a point of greatest differential value. The pain is usually paroxysmal, sharp and lancinating, boring in character when e. g. the spine is eroded, augmented according to Greene by deep inspiration or movement, but may cease when the part compressed is eroded throughout. The pain again is direct or is reflected into the brachial plexus, the arm, neck, along the intercostal nerves etc., and may cause numbness, paresis etc., of the left arm. While more usually experienced anteriorly, it is sometimes felt in the interscapular region.

Intercostal neuralgia is always suggestive of the disease. When tenderness is elicited, care is imperative lest by palpation embolism be induced.

Dyspnoea, so frequently entirely out of proportion to the physical findings, is probably many times a vagus neurosis. It is also due to narrowing of the chest space by compression of the aneurysm upon the heart, trachea bronchi or lungs, rarely from compression of the pulmonary artery, sometimes to bronchial spasm induced by compression of the plexus cardiacus or pulmonicus and finally to laryngeal spasm or paralysis.

Two particular features of the dyspnoea are important, its incidence with change of posture (Leube) and its paroxysmal occurrence, now being most urgent and again being much less or wholly absent.

Cough is common but is one of the least distinctive features. It may result from actual pressure on the air passages, from vagus irritation, from bronchitis or laryngeal involvement (q. v.) Like all other excentric pressure symptoms, it varies with the size and direction of the aneurysm it is par excellence paroxysmal, as Morgagni himself noted, it is prone to appear or disappear with the pain and dyspnoea and, in short, is a vital or reflex phenomenon or is mechanical from pressure on some respiratory structure.

Difficult swallowing is relatively infrequent and may result from direct oesophageal pressure or from compression of the vagus or its oesophageal branches. It occurs particularly in aneurysms low down (Stokes) and may produce distinct pulsations in a water tube introduced into the oesophagus. One of the earliest aneurysm cases reported (Stokes) was the size of an egg producing pain, dysphagia and left bronchus compression, with rupture into the latter.

Aneurysm may be confused with carcinoma of the oesophagus which sometimes though not frequently may be characterized by sudden difficulty in swallowing.

Traube describes a case of obstruction of the subclavian artery and compression of the left recurrent laryngeal nerve wherein aneurysm was suspected but the autopsy revealed a carcinoma of the oesophagus embracing in its regional invasion the left subclavian artery and the recurrent laryngeal nerve.

Solids may produce dysphagia and initiate paroxysms of retching, convulsive hiccup, dyspnoea and laryngeal coughing (Stokes).

Dysphagia may be intermittent or observed only in one posture. The infrequency of oesophageal compression is explained by its ready luxation to one side and dysphagia is most often due to periaortic adhesions about the aneurysm securing to it the oesophagus and rendering swallowing difficult.

The danger of sounding the oesophagus is well known most distressing lethal hemorrhages having often occurred in the physician's consultation room.

Vagus compression results in other symptoms, among which may be enumerated asthma, laryngeal spasm, vomiting, stenocardic attacks, hiccup and pulmonary symptoms.

The Physical Signs of Aneurysm.

1. By inspection, Stokes described two areas of pulsation in the chest, each distinct, "like two separate hearts." Greene

early advised inspection of the chest with the eye, just below the level of the shoulder and near the chest. The typical expansile pulsation is best detected in superficial thin walled aneurysmata in the ascending arch or those presenting in the jugulum. The two areas of pulsation of Stokes are especially significant when the cardiac impulse is the weaker. The detection of a pulsation is less a question of size of an aneurysm than one of location, hence visible pulsation may be absent even in the largest varieties. Deeply situated aneurysms give diffuse or no pulsation, or the pulsation appears only during expiration. Throbbing over the aorta is least important when there is also marked arterial pulsation as in aortic regurgitation.

The pulsation must be expansile to warrant an absolutely safe diagnosis. About four years ago I autopsied a case which a number of us were certain was aneurysm the case presenting clinically a throbbing aorta expanding with each systole, dullness over the arch etc. The dullness was due to an enormous mass of callous connective tissue involving the right pleura and the pericardium. Another instance of a truly expansile pulsation lay down in the left side of the chest as well as near the spine was one observed in pernicious anaemia. The hands placed over the pulsation were lifted widely apart and the pulsation was seen at a distance of forty feet. The autopsy revealed only pernicious anaemia but no aneurysm. Pulsation lent to a tumor, a collapsed lung or a pleural exudate can usually be distinguished without difficulty.

2. By palpation. The pulsation is felt to be slightly later than the heart-shock, and the recognition of this interval is more obvious when the heart rate is slow. The expansive character of the pulsation is sometimes more easily detected by the fingers than by the eye. Palpation may demonstrate remittent tension of the sac, tenderness on deeper pressure, resistance from the blood pressure and thick lamellated thrombi in the sac,

and rarely elasticity or fluctuation of the tumor during the diastole. Pulsation in a deeply situated aneurysm is best elicited by placing one hand anteriorly and the other posteriorly on the chest. After a thrill which may even tickle the hand (Walshe) may be felt, and most commonly during the systole. A diastolic shock is sometimes present in the jugulum and over the aortic area. This diastolic shock was known to Lancisi, and is not due to recoil from the aortic valves, since it is present in coincident aortic leakage. Rosenbach explains it by the retraction of the hypertrophic portion of the aorta lying between the heart and the aneurysm. Possibly it is due to the retraction of the vessel wall.

3. By percussion. Laennec and Hope merely spoke of dullness while the subject was elaborated by Walshe. - Dullness has an importance only when detected to either side of the sternum, not being significant when confined to the sternum itself. Dullness may be detected in the left interscapular region, although percussion is less.

Small or deep seated tumors often give negative results. Valuable behind, because of the thick walls of the chest. Aneurysms are often masked by an emphysema and they may grow from their deep seated point of origin into the lung substance. The dullness may so merge with that of the spine, heart, liver or spleen, that no certain statement can be made. Dullness once detected, may cease or shift to another place, a point of great value in favor of aneurysm.

Bromwell found in a case presenting dullness in the second right intercostal space, thrill, pulsation, systolic murmur and an accentuated second pulmonic tone and the autopsy found not an aneurysm, but a cyst (Pflanz has collected 24 cases of dermoid cysts in the anterior mediastinum).

It is inexplicable that aneurysms often grow towards, and press upon relatively unyielding structures while the softer parts in their immediate vicinity as the lungs are less compressed (V. Schroeder).

4. By auscultation. Auscultation is

sometimes wholly negative even in very large sacs, since a certain cardiac energy is prerequisite and, like other physical signs, it depends upon the contents of the sac, thrombosis etc.

On auscultation, two clear tones are most frequently heard and the second tone, heard over a circumscribed area, is pathognomonic of aneurysm according to V. Schroeder etc., and originates in the aneurysm itself. Others explain it by closure of the aortic cusps. (V. S.) In any event it is heard most frequently in aneurysms nearest the ascending arch. We scarcely ever hear two tones low down e. g. in the abdominal aorta.

Next in frequency we hear a systolic murmur and less frequently a systolic and diastolic murmur. Rosenbach describes one case of continuous bruit. Very rarely do we hear a diastolic murmur only or a dull systolic tone followed by a bruit during the diastole.

The systolic murmur is oftenest blowing or scraping, and is due to vibrations in the aortic wall, to entrance or exit of the blood from the aorta into the sac, or to waves, initiated by angles in the direction of the blood flow, by thrombi producing irregularities in the blood channel, or more rarely, by the sac pressing upon the aorta itself.

Systolic bruits are wholly intense but often are of the peculiar roaring character depicted by Walshe and likened by him to waves, whose action in the sac is reflected and amplified.

The diastolic murmur may be explained by relative aortic insufficiency, when the aneurysm lies in the first part of the aorta. It may be due to folds in the aorta wall (Zuurdeg), to vibrations of clots, to dilatation of the left ventricle or to dissection of the aneurysm into the sinus Valsalvae (Stokes-Marcy).

Of 132 cases (Sansom) in which the diagnosis was made, only 12 presented a systolic murmur, 25 gave systolic and diastolic murmurs and in 6 diastolic murmurs alone were found. Quincke main-

tains that diastolic murmurs are always regurgitant.

Douglas-Powell detected murmurs in about half only of cases of sacculated aneurysm.

The Condition of the Heart.

The position of the heart varies with the size and location of the aneurysm.

Large aneurysms of the ascending aortic segment may not only depress the heart but cause rotation on its axis so that the left heart lies lower than the right ventricle. Coincident adhesions between the epicardium and the pericardium and contiguous structures sometimes share in the cardiac luxation.

An aneurysm of the first portion of the aorta may be so located as to lie just to the right of the right ventricle which is sometimes greatly compressed and suffers mural pressure atrophy.

The heart may be dislocated more to the median line by aneurysm of the under surface of the arch and it may finally be dislocated upwards and forwards, becoming flattened out as it were against the chest wall.

Neusser mentions an instance of this kind which simulated mitral regurgitation. Secondary aneurysmatic outgrowths from the chief aneurysm may complicate the physical findings, they sometimes reach almost incredible proportions and produce anomalous findings on percussion etc., explicable only at the autopsy.

The Myocardium.

In uncomplicated aneurysm the observations of Stokes and Key still hold, that all myocardial alterations are entirely accidental, which contradicts the usually accepted statement that dilatation of the vascular system produces hypertrophy. Skoda described cases where the heart was perfectly normal. Failure of the left ventricle to hypertrophy is explained by general anaemia and by frequent compression of the pulmonary artery, thereby decreasing the flow of blood to the left heart and the coronary arteries.

Sansom found in 82 cases that hyper-

trophy of the left ventricle bears an intimate relation to the condition of the aortic valves. In 41 of the cases, the valves were intact and in but 9 of these was any hypertrophy evident. In the other half (41 cases) the aortic valves leaked with hypertrophy and dilatation in 35.

Hypertrophy may follow an aneurysm which involves the entire periphery of the aorta, a rare condition however. Hypertrophy is lacking when the general nutrition is poor from coincident or antecedent arterio-sclerosis, nephritis, coronary disease etc., or when local conditions as compression exist, so that obstruction to the flow of blood in the positive direction occurs. If the obstruction is gradual and the general and local myocardial nutrition is good, hypertrophy may be observed, otherwise dilatation or even myocardial degeneration results. Stokes, Quain and others instance atrophy of the heart muscle from pressure and coronary disease and Stokes states that the most violent aneurysmal pulsation he ever witnessed occurred with marked myocardial atrophy.

In numbers of cases, the heart remains unaffected, but in aneurysms of the arch especially or when the coronary vessels are involved, most varied and often in the early stages apparently quite distinctive cardiac symptoms occur, as genuine anginal attacks, cardiac failure or irregularity, syncope etc.

Pericarditis, hydrops pericardis or concretis cordis may result.

Compression of the pulmonary artery was early observed by Rindfleisch and Obermeier in which consequent dilatation of the right heart led to relative tricuspid regurgitation. In this instance as in the case of V. Schroeder, the pulmonary valves were so adherent to the wall of the compressed pulmonary artery that the physical signs of pulmonary insufficiency were explained.

The Condition of the Vessels.

We are constantly surprised in reading Stokes' work on the heart and aorta, that most of the symptoms later recorded by

other authors were given in their entirety by him in his early observations.

Slight variations in the pulse are not infrequently wholly subjective. The *pulsus differens* is very frequently physiological and is due to slight irregularities in the size or number of the branches of the main trunk. When one radial is small, its fellow ulnar is often found vicariously larger. How often we neglect the observation of Stokes! He explicitly stated that the right radial is normally larger than the left, hence, if the right radial pulse is smaller, it means more than were the case if the left were slightly smaller. A pulse may grow smaller and later return to its normal size due to change in the size and the direction of growth of the aneurysm. When the radials differ, it is advisable to rely on the brachials. (Stokes). The sphygmographic tracings may demonstrate radial inequalities and yet, without underestimating its frequently decisive value, I would insist that an instrument, in whose manipulations so many minute alterations of pressure and location are involved, may lead to numerous unwarranted interpretations.

Asymmetrical tracings may be due to other causes than aneurysm as Stokes himself demonstrated, atheroma, coagula, reduction of the lumen of a vessel to a mere slit, perhaps by the dragging of the aneurysm or compression of the aorta or its branches by the sac itself, may produce asymmetry or total obliteration of a vessel's lumen. V. Schroetter instances a case in which the aorta was compressed by a sac lying between it and the spine to such a degree that abdominal pulsation and the femoral pulses were obliterated.

The thrill can be detected in some sphygmographic tracings. Strange, clinically unaccountable anomalies may be observed, as a radial pulse larger on the side of the aneurysm, explained by atheroma narrowing the lumen of the left sided vessels, a mere coincidence or by an aneurysm of the innominate compressing the contralateral carotid.

The most changes are observed in the

carotids and subclavians (Stokes). The *pulsus paradoxus* has been observed as well as capillary pulsation which latter, according to Quincke, is observed only in large sacs. The capillary pulse in large aneurysms is explained by V. Schroetter by the recoil of blood back into the aneurysmal sac, analogous to its flow in aortic regurgitation back into the left ventricle.

Changes in the carotids often explains complicating cerebral changes from lessened arterial supply, e. g. hemiplegia (Law).

Arterial tones, autochthonous or from the aorta occur without aortic insufficiency. Glasgow insists upon the great importance of the vessel changes, citing cases in which they directed the correct diagnosis in the absence of other signs.

Retardation of the pulse occurs especially in fusiform aneurysms, whose explanation is obvious.

The location of an aneurysm may be made by regarding the vessels altered.

If pressure is exerted upon the superior cava, dropsy of the upper portion of the body, of one or both arms, puffiness of the face, swelling of the tongue, sometimes exophthalmos and a brawny collarlike or tippet-like (Stokes) distension of the neck occur.

If the obstruction be above the azygos vein, lividity and oedema are confined to the head and arms; if it be below the azygos, the chest shares in the congestion (Sansom).

Adhesive obliteration of the innominate and azygos veins or the cavæ may occur aside from their simple compression above noted.

Rupture into the superior cava is attended by cyanosis and often by a continuous bruit like the *bruit de diable*.

In Ewart's case, not suspected during life, phlebotomy was performed, the blood escaping in jets and being brighter than the cyanosis would seem to have warranted. The same continuous murmur has been observed by Hadden and Ord in very vascular sarcomata. Colzi of Florence observed a case of traumatic aneurysm of the

aorta and of left innominate being accompanied by thrill, cyanosis of the face etc., with exophthalmos, oedema of the left arm etc in which the patient lived 11 years.

The Condition of the Respiratory Tract.

Tracheal tugging was first described by Major Oliver although not under that name and simultaneously by Cardarelli. It was later investigated carefully by Ross and Macdonnell of Montreal.

Ewart noted it physiologically and refers it to pulsation in the pulmonary artery which sustains an even more intimate relation to the trachea than does the aorta.

The Oliver-Cardarelli tracheal tugging occurs also in constant cardiac over action as in left ventricular hypertrophy aortic insufficiency etc. It is seen not only in aneurysmata of the arch but also in those of the innominate and carotid which may attain sufficient dimensions to sustain relations with the trachea or bronchi. Adhesions and aneurysmal growth into the trachea may also produce tugging.

Two conditions are present when it is found physiologically, cardiovascular excitement and forcible inspiration more closely opposing the structures concerned. Grimsdale has observed it in those with full chests and prominent intra-clavicular regions, occurring to a degree which might easily have led to error in diagnosis had undue stress been placed upon it.

Tracheal pulsation is present in many cases of aneurysm and may be demonstrated sometimes with marked bulging or deformation of the tube by means of the laryngoscope, when the patient is examined by direct sun light with the observer sitting before the standing patient. Tracheal pulsation also occurs in tumors which compress the trachea and may also be a physiological phenomenon.

Drummond has described a systolic murmur over the trachea.

A short murmur, synchronous with the systole can sometimes be heard when the patient breathes quietly with the mouth open. Schroetter, Sansom, etc., describe it as "xschek" and refers it to propagation from the trachea to the pharynx.

Recurrent Laryngeal Paralysis.

Legallois and John Reid were the first to determine experimentally its pathological importance, clinically and anatomically first described by Morgagni or by even earlier observers. Todd was the first to note laryngeal muscular atrophy on the affected side, yet paralysis may exist with an anatomically intact larynx.

Stridor and dyspnoea are most common and are most commonly inspiratory, or less frequently both inspiratory and expiratory. Unilateral paralysis with the cadaveric position of the vocal cord, in the absence of obvious cause, is fairly conclusive of intrathoracic aneurysm or neoplasm, and is also an important prognosis (Gairdner).

The cough was described by Walshe as hoarse, clanging and laryngeal. A brazen cough with laryngeal stridor is most suggestive of aneurysm and particularly so when we recognize its exact character. It is a paralytic cough i. e. an imperfect expiration which lacks the forcible glottis closure observed in ordinary severe coughing efforts and is called the bovine cough by Wyllie from the fact that in cows there are no false vocal cords whose closure is an important mechanism in the act of coughing. Gairdner considers this imperfect closure of the glottis i. e. deficient adduction even with the least degree of stridor or dyspnoea, as nearly absolutely distinctive of thoracic tumor or aneurysm as anything apart from its patient physical signs can be."

Voice alterations are important and may be the first or sole evidence of aneurysm. The voice may be hoarse, breaking from one pitch into another it is often altered from the laryngitis or oedema, paralysis or pressure or aphonia may be noted. Stridor without aphonia is common while aphonia alone is exceptional (Stokes). The *tussis clangosa* may be the sole symptom.

Bronchial Stenosis.

Although Stokes met with more instances of stenosis of the right than of the left bronchus, left bronchial stenosis is

the more frequent, this tube lying nearer the aortic arch. The lung in part or in its entirety, moves less freely, suffers inspiratory retraction, presents diminished breath sounds and fremitus. A short note over an upper lobe, especially the left, may direct our suspicions towards an aneurysmal compression or relaxation of the lung. Dullness results from atelectasis etc. I have observed four cases, including the two reported by Dr. Preble, in which the bronchial stenosis was the sole or chief symptom of the aneurysm.

Emphysema has come to invariably suggest to me that its possible existence is a symptom of aneurysm.

Tuberculosis.

Skoda thought that tuberculosis might occur in a patient with aneurysm as in any other individual. Most of the cases in literature occur in aneurysm of the thoracic aorta which suggests circulatory changes (V. Schroetter).

Rokitansky concluded that large aneurysms especially of the aorta are almost never associated with pulmonary tuberculosis." Stokes and Fuller in England and Jaccoud, Herard, Cornil, Hanot and Kartz in France, combatted Rokitansky's dictum. The explanations are (1) a trophic origin, (2) a vascular origin from compression of the pulmonary artery and (3) an origin from decreased pulmonary excursion from compression.

Combining the statistics of Rokitansky, Niemeyer, Hanot, Frank, Emmerich and Juda, in 373 cases of aneurysm tuberculosis was found in nearly 13 per cent.

Bronchiectasis, bronchorrhoea and suppuration of the lung is called by Osler "aneurysmal phthisis."

Pulmonary retraction is observed as after empyema (Mayne), from compression adhesive pleurisy or interstitial pneumonia.

Pleurisy with effusion may complicate and entirely obscure an aortic aneurysm as in two cases personally autopsied.

Pulmonary gangrene occurs from compression of the nutrient artery of the lung (Carswell) a stagnation of secretion. Roki-

tansky described a diffuse gangrene of the bronchial mucous membrane.

The gangrene may reach the subclavian region and produce subcutaneous emphysema (Greene) Stokes observed the signs of aneurysm with those of gangrene and also gangrene with the first case of mediastinal cancer (simulating aneurysm), which was correctly diagnosed.

Pulmonary haemorrhage may occur from gross rupture into a large tube, from granulations on the mucosa of a compressed tube or from leaking into the parenchyma of the lung. The haemorrhage may be fatal, premonitory or habitual (Hampeln).

Gairdner in 1859 reviewed the collections of Crisp and Sibson with the result that only nine or ten cases existed in which between the aneurysmal haemoptosis and death, an interval of a month or more existed; and he reports a case in which rupture into bronchus occurred five years before death. Another patient suffered external rupture of the sac, collected the blood in a basin and fainting from the haemorrhage, still lived four months only to die of typhus fever.

Stokes described an instance of external rupture in which the presence of mind of the nurse in stuffing some cloth into the sac kept the patient alive some considerable time.

Haemorrhage may be seen as flecks in the sputum, as rusty sputum but more abundant, more frothy and less viscid than in pneumonia, as prune juice expectorate with alveolar epithelium as seen in valvular heart disease, as discharges of pure blood or more frequently of imperfectly coagulated blood.

The Pupils.

Pourfour du Petio 180 years ago drew attention to the relation between the cervical sympathetic and the pupils, but John Reid first brought the fact to public attention and noted the smallness of one pupil in a cancerous mass involving the carotid, vagus and sympathetic (Gairdner).

Walshe in 1853 and Gairdner in 1854 seem to have been the first observers calling attention to myosis in aneurysm

although MacDonnell in 1850 observed the phenomenon in connection with a neoplasm.

Clubbing of the fingers has been exceptionally observed by Smith, Gairdner and others.

Diagnosis of Location.

The aneurysm of the ascending portion is called by Broadbent, the "aneurysm of physical signs." The usual signs are most observed in the first interspace to the right of the sternum. Luxation of the heart to the left, slowing of both radials, right recurrent paralysis, compression of the cava superior and the pulmonary artery with hypertrophy of the right ventricle, dyspnoea and phthisis occur.

Anginal or other cardiac symptoms frequently occur (Gairdner) and the aneurysm, though small, is usually rapidly fatal from rupture into the pericardium, pleura, upper cava or heart chambers. Aneurysms just above the valves tend to grow downward (Hayden, Nixon, Sansom) because of the reflex of blood from the aorta whereas those higher located grow upward, because of impact of blood from the left ventricle.

In the arch, the "aneurysm of symptoms" is observed with left recurrent paralysis and stridor, pulsation in the jugulum, unusual prominence or even luxation of the sternal ends of the clavicles, prominence of the subclavian arteries which either participate in the aneurysm or are lifted by it, dulness to the left of the sternum, spinal myosis, slowing or lessening of the left pulse, compression of the veins particularly the left innominate, of the trachea, bronchi and left upper lobe with relaxation or induration.

In descending segment, the aneurysm of "latency" is most often encountered. If symptoms are present, pulsation in the left interscapular region, slowing of the femoral pulse, pressure on the azygos or hemiazygos, pressure on the spine with erosion and tenderness to touch, intercostal neuralgia sometimes with frequently occurring attacks of herpes zoster, stenosis of the left bronchus or oesophagus and

pressure upon the heart forcing it against the anterior thoracic wall with its consequent enlargement to the right and increased heart rate from pressure on its plexus. The X-ray alone may be able to detect aneurysms lodged in the lung substance.

Differentiation from solid tumors rests upon their propagated non-expansive pulsation, their more rapid development, leucocytosis and cachexia.

In aneurysm, the lymph glands may be enlarged either from lymph stasis or from extension to them of inflammation about the aneurysm. Their enlargement is much more frequent however in mediastinal tumor and continued increase argues directly for neoplasm.

Pain, recurrent paralysis, dysphagia are common to all tumors vascular or neoplastic venous ectasia is more common in tumor. A few rare instances of coincidence of tumor and aneurysm are observed.

The pulsation in carcinoma is sometimes associated with a "back stroke" in the diastole but this is feeble if present.

The bruit in tumor is usually systolic while murmurs are not rarely absent in aneurysm. Tugging is present in both. The time element is important, aneurysm running a much more protracted course. Exploratory puncture and diagnosis *ex-jugantibus* with iodide are also differentially important.

Finally, differentiation from other causes for pulsation, a throbbing aortic regurgitation, beating in aortitis, pulsation in pneumonia (Graves), in tumor of the lung or pleura, in serous or purulent pleurisy, is usually made when all symptoms and signs are carefully weighed.

ANEURYSM OF THE RECURRENT TYPE.*

BY R. B. PREBLE, M. D., CHICAGO.

The term "aneurysm of the recurrent type" is adopted from Dieulafoy, who devotes considerable space both in his text-

book and in his lectures in the Hotel Dieu to cases of this sort. He means by it cases of aneurysm of the aorta in which symptoms either of irritation or paralysis of the left recurrent nerve are prominent, although he devoted much more time and attention to the symptoms of irritation than to those of paralysis.

The fact that symptoms arising from the recurrent nerve occur in cases of thoracic aneurysm has been known for many years. Stokes, in his masterly work on "Diseases of the Heart and the Aorta," discusses the laryngeal symptoms, contrasting them particularly with laryngeal symptoms, of diseases of the larynx. "In aneurysm * * * * * we find remarkable variations in the tone and power of the voice occurring within short spaces of time. This is what might be expected from considering the cause of the symptom, which is manifestly the result of pressure, or of irritation, or of both combined, upon the recurrent nerve." Cases were known to Stokes in which the recurrent nerve was altered, and he quotes a case from Dr. Todd, in which the recurrent nerve was flattened and the vocal muscles of the corresponding side were found atrophied.

Bamberger also was familiar with these symptoms, and speaks of the paroxysmal attacks of severe dyspnea, mentioning a case in which these attacks were so severe as to lead to a diagnosis of stenosis of the larynx, and laryngotomy. He says: "In such cases the condition of the vagus and recurrent nerves apparently plays an important role. To the latter are due the many cases of hoarseness and aphonia observed." In speaking of dysphagia he says: "The difficulty in swallowing is often due not so much to direct pressure as to irritation and spasm, as is shown by the variability of the symptoms."

In 1860 to 1861 Traube published two cases of aneurysm of the aorta in which paralysis of the left vocal cord was recognized by the laryngoscope, and since that time laryngoscopic examinations of the larynx in cases in which aneurysm of the

*Read at the Fifty-first Annual Meeting of the Illinois State Medical Society, Peoria, May 21, 1901.

aorta is suspected have become routine, and many cases of paralysis of the left vocal cord have been reported and correctly referred to paralysis of the left recurrent nerve.

Symptoms of irritation of the recurrent have attracted much less attention, and, while there are scattered in literature many reports of cases which are apparently of this sort, very few of them are explained in this way. The only place in which I have been able to find any detailed mention of these symptoms are the lectures by Dieulafoy. He quotes a few reports by French authors, but the original reports could not be obtained by me.

In 1866 Krishaber (quoted by Dieulafoy) reported a case of aneurysm of the arch of the aorta in which paroxysms of dyspnea necessitated a tracheotomy. Direct observation in this case, and experiments upon animals, proved the dyspnea to be due to spasm of the laryngeal muscles, closing the respiratory slit. Poulalion, in 1890, was able to make an examination of the larynx during a paroxysm in a similar case, and confirmed the observation of Krishaber.

Before describing the cases which furnish the basis of this report, it would seem well to briefly recall the functions and anatomical relations of the left recurrent nerve, thus making clear the explanation of the laryngeal symptoms, and indicating the symptoms which might be expected to accompany them. The course of the two recurrent nerves differs materially; the right leaves the vagus, and curving backward around the right subclavian artery passes upward in the groove between the trachea and esophagus. At no point does it enter the thorax, a fact which explains the infrequency of symptoms from the right vocal cord in thoracic aneurysm. Such symptoms occur from aneurysm of the right subclavian, as is illustrated by the case of Meyer. The left recurrent leaves the left vagus lower down, curves around the arch of the aorta, below the remains of the Ductus Botalli, passes between

the aorta and the left bronchus, and then passes up to the larynx as the right does.

The recurrent nerve sends off five sets of branches:

1. Cardiac branches to the cardiac plexus.

2. Esophageal branches, both motor and sensory, to the upper portion of the esophagus.

3. Tracheal branches.

4. Pharyngeal branches to the inferior constrictor of the pharynx.

5. Laryngeal branches, to supply all the intrinsic muscles of the larynx except the crico-thyroid, which is supplied by the superior laryngeal. Each nerve sends fibers to the muscles of the corresponding side. One muscle, however, receives fibers from both recurrent nerves. This is the posterior transverse arytenoid muscle which has the unique distinction of being the only unpaired muscle attached on both sides of the median line. Stimulation of either recurrent nerve causes a spasm of this muscle, bringing the arytenoid cartilages together, and occluding the respiratory slit.

If the left recurrent nerve is paralyzed, the left vocal cord is found in the cadaver position, the voice is not lost, but is hoarse and higher pitched, because of the unrestrained action of the crico-thyroid, the tensor of the vocal cords. There is no obstruction to the breathing, even in cases of bilateral recurrent paralysis there is no dyspnoea. If, however, the nerve is irritated, the muscles are thrown into spasm, and the transverse arytenoid muscle draws the vocal cords in close apposition, so that there is a very great obstruction to the entrance of air, a dyspnea so severe as to sometimes require an emergency tracheotomy. The laryngoscope will show that during such a spasm the left vocal is in the median line throughout its entire length, the anterior two-thirds of the right cord are in their normal position, but the space between the arytenoids is completely closed.

Paralysis of the left cord may be the only symptom of the involvement of the

left recurrent nerve, but inasmuch as it does not always cause alteration in the voice, the laryngoscope must be used in all cases in which aneurysm is suspected. In many cases of paralysis, inquiry will show that there have been symptoms of previous irritation, and while one might expect, for theoretical reasons, that this would always be true, it is not so. The symptoms of irritation are never continuous, but occur in paroxysms lasting a few minutes to hours, coming on spontaneously, or after exertion. After the paroxysm, the larynx may appear normal, or the left cord may be paralyzed for a few hours, and then resume its function. The irritation may give place to a permanent paralysis in time, or may continue until death. No one can say why in one case we have paralysis without any previous symptoms of irritation, and in another irritative symptoms precede or constitute the whole picture.

Accompanying the paroxysmal contraction of the laryngeal muscles, we often find paroxysmal symptoms from the other branches of the recurrent nerve. Conspicuous among these is the dysphagia, resulting from the spasm of the inferior constrictor of the pharynx and of the upper third of the esophagus. There is usually considerable pain on any attempt to swallow. The duration and frequency of such attacks of painful dysphagia varies, and there is no direct relation between the intensity of the dyspnea and that of the dysphagia; nor are both present in all cases. In some cases there are attacks of pain in every way similar to the angina pectoris, due presumably to irritation of the cardiac branches of the recurrent nerve.

A glance at the chart showing the close anatomical relation of the recurrent nerve to the left bronchus suggests the possibility of another set of symptoms, which would be associated with the above if the aneurysm arose from the neighboring part of the aorta. These are the symptoms of bronchial compression. The intensity of these symptoms varies with the degree of the narrowing of the bronchus. In these

cases the narrowing does not usually reach a high degree, because death interrupts. For this reason it is decidedly rare to find any retraction of the left side of the thorax. Many of the cases, however, show a lessening of the respiratory motility of the left side.

Palpation confirms the results of inspection, and shows a marked lessening of the vocal fremitus over the entire left side. In some cases we find the tracheal tugging, a sign which has received more attention than its diagnostic value warrants. Usually there is no asymmetry of the pulses.

Percussion shows that the resonance of the lung is retained, and, in fact, the left side is usually more resonant than the right, because the bronchial stenosis is usually sufficient only to cause a moderate decrease in the amount of air in the lung. With this moderate decrease there is a relaxation of the lung often sufficient to cause an increase in the resonance. In some few cases the decrease in the amount of air is sufficient to cause lessened resonance or even dullness.

In most of these cases there is no dullness arising from the aneurysm, for death usually results before the tumor has reached sufficient size to be demonstrated by percussion.

Auscultation shows a marked diminution of the respiratory murmur and of the voice sounds over the entire side. There may or may not be a murmur of stenosis heard over the bronchus. There is usually no abnormal sound from the aneurysm itself.

When one finds coexisting paroxysms of dyspnea, cough and dysphagia, with the physical signs of a bronchial stenosis, there must be some pathological process affecting the left recurrent nerve, and the left bronchus.

So far the diagnosis can be carried with ease and certainty, but beyond this point comes doubt. A great many pathological processes, a gland, a band of fibrous adhesions, a gumma of the bronchus, etc., could cause the combination as easily as an aneurysm. In a child, or a patient with a

generalized enlargement of the lymph glands, or with a carcinoma of the stomach, for example, one would think of a bronchial gland. But in a male who is past thirty-five, who is syphilitic and alcoholic, one must think seriously of the aneurysm, because of their great relative frequency.

When one makes a diagnosis of an aneurysm at this point, the prognosis is extremely bad. Particularly is this true if there are none of the ordinary manifestations of thoracic aneurysm, no dullness, no thrill, no murmur, no asymmetry of pulses, for under such circumstances one must infer that the pressure is very direct. Clinical experience shows what we would expect from the anatomy of the part, that bronchial hemorrhage is an early and fatal complication in most of these cases. They illustrate well the fact that the prognosis of an aneurysm is dependent upon its site rather than its size.

Case 1. W. O. R., a male, 45 years old, came to my clinic at the Northwestern University in May, 1900, complaining of cough for past three months. There was but scanty expectoration and no pain, but at intervals spells of severe dyspnea. On direct inquiry says that at times there is considerable difficulty in swallowing, but generally food of all sorts passes freely. Never had an illness in any way similar to the present.

Gonorrhea and syphilis twenty-five years ago. Has been a heavy alcoholic for years, and has been drinking more than usual since present illness.

Examination: Well built man, apparently in good health. At present time there is no dyspnea, but at intervals spells of coughing. Pupils equal and react to light.

Thorax symmetrical so far as size is concerned, but the respiratory movements of the left side are lessened. Both sides have same circumference. No enlargement of superficial veins. Vocal fremitus considerably reduced over entire left side. Distinct tracheal tugging. Percussion note normal and equal over both sides. Auscultation shows marked reduction of the

respiratory murmur, and voice sounds over entire left half of chest. No murmur of stenosis over left main bronchus.

Heart normal in size, position and sounds. No murmurs heard over aorta. Pulse in corresponding vessels symmetrical.

Examination of larynx shows both cords normal in appearance and motion.

Examination in other respects negative.

The subjective symptoms are paroxysms of dyspnea, cough and dysphagia. The physical signs are those of bronchial stenosis. The diagnosis of the site of the process is easy, for the symptoms and signs are easily explained by a process at the point where the left recurrent nerve and left bronchus cross. The absence of all signs and symptoms elsewhere, the history of syphilis and alcoholism, the age and the relatively great frequency of aortic aneurysms lead to the diagnosis of aneurysm of the aorta compressing the left bronchus, where the left recurrent lies between the bronchus and the aorta. The danger of early death from bronchial hemorrhage was pointed out and an unfavorable prognosis was given.

A few weeks later Dr. Frank Walls, who knew of my interest in cases of this type, told me that he had a case of the sort in his service at St. Luke's Hospital, and was good enough to ask me to see it. It proved to be the case which I had seen at the clinic, and it is to Dr. Walls that I am indebted for the later history of the case. During this interval of about three weeks there had been but little change, except that the left side is now distinctly smaller than the right—two inches—and the resonance of the left side is less than that of the right. The larynx negative. The cough and dyspnea increased. Toward the latter part of July he began to complain of severe pain across the chest, occurring in paroxysms. On the 6th of August developed a temperature, with cough and bloody expectorate. This continued to the 15th, when he had a severe pulmonary hemorrhage, and died three hours later.

There was unfortunately no autopsy, but the course, the signs, symptoms and mode

of death seem to sufficiently confirm the clinical diagnosis.

Case 2. Mike H., German, 33 years, entered my service at the Cook County Hospital, June 5, 1900. For one month previous to entrance he had suffered from extremely severe paroxysms of cough and dyspnea. Expectorate is scanty, viscid and colorless. Has never had any illness in any way similar to the present. Has had no trouble with his voice, or with swallowing. Has no pain.

Venereal sore of uncertain nature six or seven years ago. Has used alcohol and tobacco to excess for years.

Examination: Well built man, well nourished, suffering with severe paroxysms of cough and dyspnea at irregular intervals, usually developing spontaneously. During the intervals between attacks is quite comfortable. Thorax symmetrical in size and movements. Vocal fremitus lessened over entire left side. Percussion note same right and left lungs. Auscultation shows a very considerable decrease in intensity of voice and breath sounds over the left lung. Examination of the larynx shows the cords in normal position, and normally movable. Heart normal in size and position, no abnormal sounds. No abnormal area of dullness over the aorta, no murmurs. Pulse in corresponding vessels is symmetrical. No tracheal tugging. A positive diagnosis of compression of the left bronchus with irritation of the left recurrent nerve was made, and it was thought to be due to aneurysm of the aorta.

Things remained in this shape for a few weeks, when gradually an area of dullness about two inches in diameter appeared behind the manubrium sterni. The two radial pulses became asymmetrical, the right larger than the left. The symptoms of bronchial stenosis remained unchanged, and the laryngeal spasms recurred at intervals.

There were no new developments until the latter part of August, when he developed a temperature of 103, with great acceleration of the pulse and respirations, and severe cough and dyspnea, with scanty

expectoration. This continued for four days, and with the fall in temperature and relief of cough he raised a very large amount of purulent sputum for a day or two, and then resumed the condition present before the attack. He had several of these attacks at irregular intervals. The nature of them is not clear, for they were not accompanied by any change in the physical signs. It was thought that perhaps the bronchial secretions stagnated below the point of stenosis, and underwent changes which led to intoxication of the patient, causing the high temperature which characterized each of these attacks. A broncho-pneumonia is another possibility.

It is interesting to note that Case 1 developed a temperature four days before the fatal hemorrhage. The patient remained in the hospital until January of this year. He has been seen a few times since without there being any material change in his condition.

This case has not yet come to an end, but there seems to me no reasonable doubt of the correctness of the original diagnosis of an aneurysm of the arch of the aorta, compressing the left bronchus and irritating the left recurrent nerve. For some reason the aneurysm apparently took on a new direction of growth, so that pressure on the bronchus was lessened, or at least did not continue to increase until the bronchial wall was perforated and a fatal hemorrhage excited.

DISCUSSION.

Dr. George W. Webster, Chicago: In regard to the case mentioned by the last speaker; he was referred to me by Dr. Norbury, of Jacksonville, for a diagnosis. He gave a history of having had two operations for osteosarcoma, in the latter of which a portion of the superior maxilla and hard palate were removed. Inspection and palpation were negative as far as the chest was concerned. The larynx showed some pressure on the recurrent laryngeal nerve. On percussion, there was diminished resonance in the region of the fifth dorsal spine and to the left of it. Anterior portion negative. Heart negative.

Auscultation showed absence of murmur, thrill or shock, but there seemed to be some obstacle to the entrance and exit of air into the left bronchus. Notwithstanding the surgical diagnosis of osteosarcoma, the patient was

given potassium iodide and he improved greatly under it.

Dr. S. E. Munson, Springfield: About five years ago, I saw a case with a colleague of a woman aged 45 years with all the symptoms, so we thought of aneurysm of the abdominal portion of the aorta. The woman was placed in bed for a time of three months as advocated by Tufrell when she recovered. I would like to ask the essayist as to the correctness of this diagnosis.

ON THE PREVALENCE OF TRACHOMA IN THE STATE OF ILLINOIS.*

BY WM. H. WILDER, M. D., CHICAGO.

Trachoma or Granular Conjunctivitis is one of the most widespread as well as one of the most serious diseases that affect the eyes.

On account of its insidious nature, it is often overlooked, even by the patient, who is not aware that he has been infected until the disease is well established.

The severity of its complications and sequelae are frequently such as to baffle the therapeutic resources of the surgeon, and to require important operative measures to correct the deformities of the lids that ensue. In some parts of the world it is so prevalent as to furnish one-half of all the eye cases under treatment.

Owing to the neglect of precautions to prevent its spread, and to the inability or neglect of the patients to have it properly treated, it probably causes more blindness than any other disease of the eyes except gonorrhoeal ophthalmia and optic atrophy.

Under certain conditions of crowding in ill-ventilated and non-hygienic quarters, it may assume epidemic proportions, as in barracks, jails, asylums, etc., while in certain parts of the world as in Egypt, Russia and I think also, in parts of our own state it is endemic.

The serious epidemics of the disease that have occurred from time to time, establish beyond a doubt, it seems to me, its contagious nature, although, fortunately, most of the cases that are seen by the surgeon are not of the acute virulent type, which simu-

lates purulent ophthalmia in its course and results.

The disease has probably been endemic in Egypt and eastern countries for ages, for it is mentioned by the earliest medical writers, but it was not until the beginning of the last century that it attracted the attention of the medical profession when it began to spread with frightful rapidity through Europe. It is supposed to have been introduced by the armies of Napoleon after the Egyptian campaign, during which most of the soldiers were affected with a violent ophthalmia. On their return, according to Fuchs, many of these trachomatous soldiers were dismissed to their homes with the result that the disease was disseminated among the civil population, in some countries as in Belgium to a frightful degree. Quoting Fuchs, there were "in the Prussian Army from 1813 to 1817, 20,000 to 30,000 men attacked with it; in the Russian Army from 1816 to 1839, 76,811 men were subjects of the disease. In Belgium, in 1840, one out of every five soldiers was affected with trachoma." From its supposed origin, it has been given by some authors the name of Egyptian Ophthalmia. But it is by no means confined to armies, for once it gains entrance, it may flourish in schools, asylums, jails, infirmaries, or other places where large numbers of persons live under unhygienic conditions favorable to the spread of the infection. Fortunately the institutions of our country have not suffered in this respect like some of those in Europe, for they have profited by the lessons that were taught there; but with our continuous stream of foreign immigration, trachoma is a constant menace to our institutions and one not to be ignored.

The acute form is, it is true, the more contagious, but the chronic form, particularly when there is secretion from the lids, may be equally so. Whether or not atmospheric or telluric conditions play an active role in the propagation or spread of the disease is a very much debated question, but I can not agree with those who argue against the contagiousness of trachoma because "it is not most rife or pernicious

*Read at the Fifty-first Annual Meeting of the Illinois State Medical Society, Peoria, May 21, 1901.

ous in the overcrowded habitations of cities, but occurs with equal virulency in sparsely populated country districts and mountain regions." (Burnett, *Amer. Jour. Oph.* Sept. 1896). That it may be present in sparsely populated country districts or in mountain regions speaks nothing against the contagiousness of trachoma, unless we know the character and habits of the people in regard to personal cleanliness. In some sparsely populated country districts, the habit of personal cleanliness has never been formed or even conceived, judging from the class of people that I frequently see from such localities. A bath tub is an unknown contrivance, and the basin and hand towel used in common by the whole family are the only substitutes.

It is safe to say that this is one of the diseases of filth, and, given the infective element, that it flourishes in those surroundings where people are intimately associated and where the simplest principle of hygiene, personal cleanliness, is neglected.

While it is commonly said that it occurs with great frequency in places where people are crowded together, in small and ill-ventilated dwellings, this statement must be qualified by saying that the crowding is only contributory to the spread of the disease, after the infection has once gained a foothold, because of the neglect of certain simple precautions of cleanliness that frequently obtain in such quarters. It is believed by most authorities that the focus of infection must be present and then the means of transmission of the contagion directly from one eye to another to cause any extensive dissemination. In all probability the infection is not conveyed through the atmosphere, but gains entrance to the eye through sponges, wash cloths, basins, towels, handkerchiefs, etc., that may be used in common by a number of people one or more of whom may be suffering from trachoma.

The means of communication are so simple and so evident, and the means of prevention are just as simple and as evident.

It is quite generally believed that, on account of its specific nature, and its contagiousness, trachoma must be the result of the action of some specific micro-organism, and numerous observers, Sattler, Michel and Schmitt among others, have described different germs that they have claimed were peculiar to the disease, but the observers do not agree and the results lack confirmation, and do not meet the rigid requirements of bacteriologists. Although there is a lack of agreement on this point, there seems to be none on the subject of the clinical features and course of the disease, and the diagnosis is as a rule, readily made.

The acute form is rather rare, the disease being chronic from the beginning, although there may be remissions or acute outbreaks from time to time in the course of the trouble.

It is a disease of the palpebral conjunctiva, but as it continues the ocular conjunctiva and even the cornea may be implicated and in this lies the great danger to the sight.

As was mentioned, a person may contract trachoma, and may have it for some time without being aware of any trouble more serious than an irritability of the eyes, and a sensation of slight roughness of the lids. Secretion from the lids may be scanty or entirely wanting. Eversion of the lids may show the typical granules or follicles scattered through the conjunctiva, but more thickly in the fornix. They may be so numerous as to become confluent. After months the contents of these follicles may be absorbed and new connective tissue may be developed both in the conjunctiva and in the tarsus of the lids, to which the conjunctiva is intimately adherent. Contraction of this new scar tissue causes marked shrinking of the conjunctiva and also deformity of the eyelid causing entropion or inversion of the edge of the lid. When this stage is reached there is great danger to the cornea from the irritation caused by the edge of the lid and the eyelashes rubbing against it. Even before this stage is reached, there may be an involvement of the ocular con-

junctiva and an extension of the disease on to the cornea, with development of new vessels, a condition known as pannus. Ulceration of the cornea may occur which may be more serious than usual because of the infected surroundings, even resulting in perforation or pan ophthalmitis and complete destruction of the eye. Escaping this, the sight of the eye may be seriously impaired by the dense opacity of the cornea that remains after healing of the ulcer.

Even if the trachoma is quiescent, there may at any time be an acute outbreak which may endanger the cornea. These acute outbreaks, however, seem to be nature's means of curing the disease by bringing about the absorption of the contents of the granules, for after the subsidence of the acute inflammation, their number may be gradually diminished. In the course of the acute attack, however, there is much greater danger to the cornea. Trachoma is a frequent cause of blindness. Magnus (*Die Blindheit, ihre Entstehung und ihre Verhütung*, Breslau 1883 s. 240) who has tabulated 2528 cases of double sided blindness found that this disease caused 240 or 9.49%. Trousseau (*Archiv d' Ophthalmologie* 1892 XII p. 218) from the statistics of the Hospice des Quinze-Vingts for a period of ten years found 625 blind persons, 24 of whom or 3.84% were made blind by trachoma. Statistics accumulated by Oppenheimer of New York including 572 cases (*Trans. Amer. Ophth. Soc.* 1891 vol. VI. p. 156, and Mays in *Norris and Oliver System of Diseases of the Eye*, vol. 11, p. 437), show that trachoma was responsible for 23 or 4.02% of the cases. Daumas among 1178 cases of total blindness found 5.4% due to the disease.

L. Howe (28th Annual Report of the New York State School for the Blind) found that among 306 pupils at the State Institutions in Batavia and in New York City 3.78% went blind from trachoma.

The careful statistics of A. L. Adams in the 26th Biennial Report of the Illinois Institution for the Blind at Jacksonville, show that of 451 pupils in attendance at

that school 41 or 9.09% were blind from trachoma. It is second on the list of idiopathic diseases causing blindness, being preceded only by *Blennorrhoea neonatorum*, which caused 78 or 17.25% of the total number. Both of these diseases are to a great extent preventible. These figures refer only to the cases of total blindness, the number of those partially blind would, of course, be much larger.

The large number of blind from Trachoma in the Illinois Institution for the blind, 9.09% as compared with the number in the New York Institute and with the statistics of Oppenheimer in New York; 4.02% gives us a suspicion of the prevalence of the disease in this state. This is strengthened when we compare the number of cases of the disease treated in the Illinois Charitable Eye and Ear Infirmary with the number treated in other large ophthalmic hospitals of the United States.

The following table shows the percentage of trachoma and entropion in the principal eye hospitals of the country for the year 1900.

Reports of Hospitals for 1900.

	Total No. of Cases Treated.	Cases of Trachoma.	Per Cent.	Cases of Entropion.
Brooklyn Eye & Ear....	9,199	154	1.7	5.
N. Y. Ophthalmic & Aural Institute	9,328	302	3.2	22.
Mass. Char. Eye & Ear Infirmary	21,004	87	0.4	40.
New York Ophthalmic Hospital	9,969	346	3.6	2.
Manhattan Eye & Ear Hospital	15,038	592	3.9	16.
New York Eye and Ear Infirmary	30,992	1,519	4.9	19.
New Amsterdam Eye & Ear Hospital	1,515	71	4.7	3.
Harlem Eye, Ear & Throat	2,215	76	3.45	1.
Wills Hospital Phil.....	12,909	126	0.97	10.
Illinois Eye & Ear.....	9,540	533	5.6	56

The large New York Institutions must draw much of their material from the host of poor foreigners that live in the tenement districts of that city, and it is quite possible that their quota of trachoma cases is augmented greatly from such sources; but in the Illinois Eye and Ear Infirmary, as will be shown, most of the cases come from the rural population, and are of American



MAP OF
ILLINOIS

SHOWING THE RELATIVE PERCENTAGE
OF
TRACHOMA
IN EACH COUNTY

Scale 8 miles to one inch.

The percentages are based upon the census returns of 1880 and 1890 and the number of cases received at the Illinois Charitable Eye and Ear Infirmary.
Decade from 1880 to 1890 shown by the light shade line.
Decade from 1890 to 1900 shown by the solid black line.

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Decade from 1880 to 1890 shown by the light shade line.
Decade from 1890 to 1900 shown by the solid black line.

	Population	No. of Cases	Percentage
ADAMS	6,558	17	0.25
ALEXANDER	16,563	7	0.04
BOND	19,384	36	0.18
BOOVE	14,550	18	0.12
BROWN	11,078	3	0.03
BUREAU	11,163	3	0.02
CALHOUN	11,857	6	0.05
CARROLL	35,014	11	0.03
CASS	41,112	53	0.12
CHAMPAIGN	7,612	7	0.09
CHRISTIAN	8,917	2	0.02
CLARK	18,320	3	0.01
CLAY	15,943	1	0.00
CLINTON	15,263	0	0.00
COLES	17,222	6	0.03
COOK	22,157	19	0.08
CRAWFORD	19,423	29	0.14
CUMBERLAND	30,531	4	0.01
DEKALB	32,790	28	0.08
DEWITT	21,899	22	0.10
DOUGLAS	24,033	57	0.23
DUPAGE	16,772	18	0.10
EDGAR	14,653	7	0.04
EDWARDS	25,111	4	0.01
EFFINGHAM	19,124	11	0.05
FAYETTE	30,093	30	0.09
FORD	30,146	46	0.15
FRANKLIN	101,922	81	0.07
FULTON	18,735	130	0.69
GALLATIN	17,213	23	0.13
GARLAND	19,200	23	0.12
GREENE	15,423	14	0.09
GRUNDY	16,734	19	0.11
HAMILTON	27,066	7	0.02
HANCOCK	37,766	4	0.01
HARDIN	17,011	4	0.02
HENDERSON	18,972	10	0.05
HENRY	17,669	13	0.07
IRROQUOIS	14,097	22	0.15
JACKSON	22,571	3	0.01
JASPER	24,706	3	0.01
JEFFERSON	26,787	10	0.04
JERSEY	28,273	10	0.03
JO DAVIES	9,444	3	0.03
JOHNSON	103,46	9	0.00
KANE	19,337	24	0.12
KANKAKEE	20,765	24	0.11
KENDALL	23,267	22	0.09
KNOX	25,085	55	0.21
LAKE	17,035	14	0.08
LASALLE	18,367	9	0.04
LAWRENCE	17,087	19	0.11
LEE	2,617	2	0.07
LIVINGSTON	2,919	2	0.07
LOGAN	3,845	11	0.28
MCDONOUGH	2,035	13	0.63
MHENRY	2,449	17	0.67
MLEAN	2,180	37	1.67
MACON	2,767	1	0.04
MACOUPIN	2,971	1	0.03
MADISON	2,114	1	0.04
MARION	2,970	1	0.03
MARSHALL	4,036	22	0.54
MASSAC	4,773	2	0.04
MENARD	3,853	15	0.38
MERCER	4,453	17	0.38
MONTGOMERY	4,181	27	0.64
MORGAN	2,636	2	0.07
MOULTRIE	470,731	6	0.00
OGLE	6,447	13	0.20
PEORIA	2,447	37	1.52
PERRY	3,443	17	0.47
PIATT	3,663	2	0.05
PIKE	16,670	2	0.01
POPE	17,401	3	0.01
PULASKI	13,113	2	0.01
PUTNAM	13,710	2	0.01
RANDOLPH	1,312	7	0.53
RICHLAND	1,436	1	0.06
ROCK ISLAND	2,043	1	0.05
ST CLAIR	11,543	3	0.03
SALINE	2,043	1	0.05
SANGAMON	12,942	9	0.06
SCHUYLER	3,063	3	0.09
SCOTT	9,836	21	0.21
SHELBY	3,266	9	0.27
STARK	3,006	12	0.39
STEPHENSON	3,593	3	0.08
TAZEWELL	13,057	2	0.01
UNION	12,942	2	0.01
VERMILION	1,436	1	0.06
WABASH	1,436	1	0.06
WARREN	1,436	1	0.06
WASHINGTON	1,436	1	0.06
WAYNE	1,436	1	0.06
WHITESIDE	1,436	1	0.06
WILL	1,436	1	0.06
WILLIAMSON	1,436	1	0.06
WINNEBAGO	1,436	1	0.06
WOODFORD	1,436	1	0.06
WHITE	1,436	1	0.06

Table Showing the Relative Per Cent. of Trachoma in the Various Counties of Illinois, Based Upon the Number of Cases Sent to the Illinois Charitable Eye and Ear Infirmary from 1890 to 1900, and the Census Returns of Each County in 1900.

JASPER		MACON
CUMBERLAND		MERCER
WHITE		BROWN
POPE		FORD
LAWRENCE		FULTON
CLARK		KANKAKEE
PERRY		TAZEWELL
CRAWFORD		MASSAC
SHELBY		HAMILTON
JERSEY		WILL
FAYETTE		WOODFORD
JOHNSON		RANDOLPH
MOULTRIE		ADAMS
CLAY		SCOTT
WABASH		CASS
HARDIN		EDGAR
ALEXANDER		LIVINGSTON
UNION		MCLEAN
RICHLAND		MORGAN
GREENE		ROCK ISLAND
PIATT		OGLE
MARION		MCHENRY
WINNEBAGO		WARREN
DE WITT		ST CLAIR
WASHINGTON		HENRY
JEFFERSON		LEE
FRANKLIN		MADISON
COLES		MARSHALL
LOGAN		WHITESIDE
EFFINGHAM		BOONE
DOUGLAS		GALLATIN
SALINE		KANE
WILLIAMSON		SCHUYLER
IROQUOIS		KENDALL
BOND		LAKE
GRUNDY		PEORIA
CALHOUN		SANGAMON
KNOX		STEPHENSON
CHRISTIAN		JO DAVIESS
EDWARDS		PIKE
WAYNE		HANCOCK
MACOUPIN		DU PAGE
MONTGOMERY		PULASKI
JACKSON		COOK
MENARD		DE KALB
LASALLE		MCDONALD
VERMILION		STARK
CHAMPAIGN		CARROLL
BUREAU		MASON
CLINTON		MONROE
HENDERSON		PUTNAM

birth, although it is true many of them are of foreign extraction.

The comparatively great number of entropion cases in the list of cases of the Illinois Eye and Ear Infirmary speaks either for the severity of the cases or for neglect of early attention to them; and it is a well observed fact that many of them come to that institution with serious deformities of the lids and irremediable lesions of the cornea who have never had any kind of treatment.

The following table showing the number of cases of trachoma treated each year for the last decade, compared with the total number of cases, and also the number of entropion operations performed on these cases, will illustrate this point.

1891	271	5,028	5.39	192
1892	326	5,288	6.16	291
1893	394	4,641	8.49	215
1894	397	6,400	6.20	200
1895	387	6,738	5.74	126
1896	495	7,018	7.05	81
1897	510	5,289	9.64	91
1898	513	6,858	7.47	128
1899	598			109
		19,081	5.62	
1900	468			81
Total	4,359	66,351	6.57	1,514

This table shows that in the last ten years 4,359 cases of Trachoma have been admitted in a total of 66,351 cases or 6.57%.

It is interesting to consider the source of this influx of granular ophthalmia. For years it has been observed at the Infirmary that a great many of these cases come from the southern part of the state, and I have made tables showing the total number of cases from each county for the period of ten years, from 1891, to 1900 inclusive, and from this have estimated the number of percentage of trachoma to the population on the basis of the census report of 1900. By this means it is possible to make a comparison of the different counties and different parts of the state. The results are shown on the map and the accompanying charts, on which the lines drawn to a scale, represent the relative per centages in the different counties.

Judging from the number of cases coming to the Infirmary for treatment, it is

clearly shown that the disease is much more prevalent in the lower part of the state between the Kaskaskia and Wabash rivers, and that it is not as prevalent around the centers of population.

The chart also shows for comparison the total number of cases received from the different counties during the decade 1880 to 1890 and the estimated per centage of trachoma to population on the basis of the census report of 1890. The marked increase is noticeable, and this may signify either an actual increase of the disease or that the sufferers from the malady for some reason have decided in greater numbers to avail themselves of the advantages of the State Institution. We have no means of settling positively this question, but in view of the fact that the Infirmary has been in operation since 1858 and that it has been a State Institution since 1874, I am inclined to believe that those figures indicate an actual increase. It is certain that the disease is not on the decrease if we judge from the statistics available for the last ten years.

What is the reason for the prevalence of this disease in certain parts of our state, and can anything be done to check it?

In the first place, it seems to be endemic in some localities, but I have no doubt that it is spread by reason of ignorance concerning it, and it is certainly the duty of the medical profession to enlighten the community on this important subject. We have no proof that it may develop sporadically, but even if it does, there is abundant evidence to show that it may be spread by contagion from one eye to another through the medium of sponges, cloths, handkerchiefs, wash basins and towels, particularly the unhygienic, unsanitary and usually filthy roller towel.

It is by no means a virulently contagious disease, in fact experiments show that the eyes must be inoculated repeatedly in many instances before the infection secures a hold, and that only those cases where there is secretion from the lids are liable to transmit the trouble.

With proper care there need be no danger of the disease spreading in a hospi-

tal, even when large numbers of cases are affected with it as in the Eye and Ear Infirmary. Such patients should be assigned to separate quarters of course.

The means of prevention are therefore so simple that it seems strange that they should be neglected, but ignorance is partly responsible for it.

For economic reasons, if for no other, it would pay the state to make every effort to check the spread of Trachoma. Many of those who are blind from it are a permanent charge on the community; as I have shown 9 per cent of the cases in the Jacksonville Institution for the Blind being there because of this disease. The wards of the Illinois Eye and Ear Infirmary are full of cases of this affection, many of them almost helpless, and they remain with us longer than other class, and so markedly increase the expense of the institution. Many of these sufferers, although not blind, see so poorly that their usefulness is greatly curtailed and they are in a great measure dependent on the charity of their friends.

The medical profession has a duty to perform in this matter. It can disseminate and have disseminated through the proper authorities, the knowledge of the communicability of many eye diseases, through articles carrying contagion. It should make itself familiar with the nature of trachoma and its treatment and so prevent the serious ravages of the disease.

Much can be done by the way of prevention; but in too many cases little can be done in the way of cure.

SPINAL ANAESTHESIA.*

BY A. P. CONDON, M. D., SPRINGFIELD.

History: From the earliest times attempts have been made towards the discovery of an anaesthetic, which would be effective in producing analgesia, and yet not disturb the mental faculties. Various drugs were employed by the Assyrians and

Chinese with the view of alleviating the pains of surgical operations.

Pliny and Dioscorides described several methods, practiced by the Romans and other nations for benumbing parts subjected to incision and cauterization. Memphis marble, finely powdered, with the addition of acetic acid, was used to render the field of operation slightly anaesthetic.

In modern times very little progress along this line was made, particularly after the advent of ether, chloroform and nitrous oxide gas.

Cocaine, the active principal of the leaves of the erythroxylon coca, was isolated by Gardeke as early as 1855, yet its real value, as an agent capable of producing anaesthesia, was not known until 1884 when Karl Koller of Vienna first applied it to surgical uses.

During the past 15 years there have been many drugs and combinations placed in the hands of surgeons; such as chloride of ethyl, chloride of methyl, Schleich's infiltration solution containing cocaine, and many others. These produced anaesthesia only in small areas, and lasted but a short time.

The desire to get some drug, or to be able to apply it in such a way that anaesthesia would be prolonged, a large portion rendered analgesic and the individual still retain consciousness, was the question which perplexed the medical profession.

In 1884, J. Leonard Corning, an American, thought that by the intradermic injection of a solution of cocaine, together with compression of the part by means of an elastic bandage, (thereby producing circulatory stasis) a member could be made anaesthetic. The year following, Chandelux of Lyons, France, and Krummer of Germany, contemporaneously, performed the same experiments as Corning. This method was not an entire success.

In 1885, Corning¹ used epidural injections of a cocaine solution. A year later² he described his technic and reported 4 cases in which he had injected between the 10th and 11th thoracic vertebrae, a solution of cocaine with other medicaments,

*Read at the Meeting of the Sangamon County Medical Society, December 10, 1901.

producing the long looked for anaesthesia without disturbing the faculties of the mind.

Like many new departures in a scientific line, Corning's work was not received with much favor. This method became a dead letter and was not revived until Quinke³ in 1891, demonstrated to the world the importance of the cerebro-spinal fluid for diagnostic purposes, and the comparative harmlessness of making a lumbar puncture.

In 1893, Ziemssen⁴ first suggested medication by the spinal route Corning⁵ in 1894 published an article entitled "Pain" in which he described minutely his procedures, and recommended that the injection be made below the second lumbar spine, into the sub-arachnoid space. Corning is a neuro-pathologist of New York, and his work was in the line of experimental therapeutics, and he did not apply it to surgery.

The suggestions of Ziemssen were carried out by Sicard⁶ in 1898, when the latter injected antitetanic serum into the sub-arachnoid space of a patient suffering from tetanus.

In April 1899, Bier⁷ of Germany gave a report of six cases upon which he had operated successfully by spinal anaesthesia.

One month later, Sicard⁸ published the results of his experiments with cocaine upon the dog. The French give Sicard the credit of being the first to perfect this method when in reality Bier deserves the priority. Bier subjected his own spinal canal, and that of his assistant Hildebrandt, to injections of cocaine.

In October, 1899, Seldowitch⁹ reported four cases in which he had used sub-arachnoid injections with good results. A few days later, in the same month, Tuffier¹⁰ of Paris, began the systematic use of this form of analgesia, and at the international congress that convened in Paris in 1900, he gave a detailed account of his work.

In January, 1901, this investigator¹¹ published a monograph in which he reported 250 cases anaesthetized by this method. While Tuffier has done much towards the perfection of this form of

anaesthesia, the credit of the discovery and its use belongs to Corning and Bier, and it is aptly styled the Corning-Bier method.

During the past three years many surgeons and obstetricians in this country and in Europe have used sub-arachnoid analgesia, and the profession has awakened to the fact that there are many conditions in which it is the form par excellence.

The "technic for sub-arachnoid anaesthesia is simple in the extreme. The patient should be prepared as for ether or chloroform narcosis, no food being allowed for several hours, and an enema given. Absolute surgical cleanliness must be observed. It is unnecessary in this day and age, when antisepsis is the all-absorbing subject, for me to enter into the minutia of describing the ways and means of sterilizing the field of operation, instruments and hands of the operator. One should observe the same care in making a lumbar puncture, as is observed in opening the abdominal cavity, since the sub-arachnoid space is as easily infected as the peritoneum, and the absorbing power of the membranes covering the cord is equally as great, not to speak of the cerebro-spinal fluid being a most excellent medium for the growth of bacteria.

Knowing these facts it behooves the physician to take the utmost care.

A rubber or adamantine pistoned syringe which can be boiled is preferable. Pravaz's or Dieulefoy's being good. The needle should be from 7 to 10 cm. long and made of well tempered steel or platinum-iridium.

The next question which confronts the operator is the best way in which to dissolve and sterilize the cocaine. The method used by Tuffier and his followers and which has, as far as anaesthesia is concerned, given excellent results, is as follows: A 1 or 2 per cent. aqueous solution of cocaine hydrochlorate is made, this is subjected to a temperature of 60° C. in a water bath for one hour, the temperature is then lowered to 38° C. or 36° C. for 24 hours. The above procedure is repeated several times ensuring perfect steri-

lization of the solution. Tuffier advises that it be freshly prepared and not used when old. He says that several times he failed to get perfect anaesthesia and upon examining the solution it was found to have deteriorated.

This method is tedious in the extreme, since the time required for the sterilization is long and the solution will not keep.

Guinard¹² recently reported 70 cases in which he used the cerebro-spinal fluid as the medium for injecting the cocaine, with excellent results. He says that in not one of the 70 did he get a post operative symptom. The cephalalgia, which is present in 40 per cent. according to Tuffier, was absent.

Guinard believes the post operative symptoms to be due to the water in the solution and not the cocaine, and for this reason he advises the substitution of the cerebro-spinal fluid.

Whether one employs an aqueous solution or the cerebro-spinal fluid for the dissolving agent, the important part is the sterilization. Guinard uses a concentrated aqueous solution of cocaine, one drop representing .01 of the drug sterilized by the Tuffier method, to which he adds the spinal fluid. From the possibility of the drop varying in size, this technic seems inaccurate and open to the same objections as Tuffier's; the length of time required for sterilization and the liability to deterioration if not freshly prepared.

I would suggest the following technic as being effective and devoid of the inaccuracy and tediousness of the above mentioned methods. A small test tube, having the end closed with a cotton plug, should be heated to a sufficient temperature to ensure sterilization, (150° C. for half an hour) and an exact amount, for one injection, of the hydrochlorate of cocaine placed in the tube, the end covered with rubber dam, the tube is then re-heated to about 80° C. for 15 minutes. Cocaine can be heated to 100° C. for 20 minutes without in any way altering its properties.

Cocaine can be kept indefinitely in this manner. The armamentarium of

every physician should contain several of these sterilized tubes, holding from .01 to .04 c grams of cocaine. These can be easily carried and are always ready for an emergency.

The amount to be used varies, depending upon the portion of the body to be subjected to operation, and the length of time required for it.

When the lower extremities are the seat of operation a smaller amount is adequate; while if the thorax or the arms are to be operated upon it is necessary to employ a larger dose .03-.04 being the amount usually required. For an abdominal operation, such as a hysterectomy .02 is, as a rule, sufficient.

The best position of the patient during the injection is the sitting posture, with the body inclined forward so as to make the vertebral spines in the lumbar region as prominent as possible, and to widen the intervertebral spaces. If it is impossible to have this position, a lateral decubitus with a support placed under the flank will answer.

The spinal cord at birth reaches to the third lumbar vertebra, while in the adult it extends to the lower border of the first. In very young children the injection should be made below the third lumbar spine. In adults all spaces from the first lumbar to the sacro-lumbar articulation are available; the usual point for insertion being between the fourth and fifth. The best way in which to locate exactly this space, is to take the highest point of the "Raute Michaelis" of the Germans, which is the spine of the fifth lumbar, just above which is the fourth inter space. This lozenge or diamond-shaped space is usually easily made out, especially in women. Another means of location, is to draw a line from the highest part of one iliac crest to the other, the line passes over the tip of the fourth lumbar spine, the fourth interspace being just below. A third way is to count from the articulation of the last rib with the twelfth thoracic vertebra.

The needle if inserted about 1 c. m. to the right and just below the fourth lumbar

spine, and if passed slightly upwards and inward, will enter the sub-arachnoid space. It should be pushed slowly, but firmly through the sub-cutaneous tissues and muscles until it enters the space when a clear liquid, the cerebro-spinal fluid will flow out, drop by drop. If the needle instead of entering the space strikes against bony tissue, it should be partly withdrawn and its direction changed. The needle penetrates from 4 to 6 cm. in the adult and from 2 to 3 cm. in children.

If the spinal fluid is to be used, the cocaine crystals are placed in a small sterile dish and a couple of drops of boiled distilled water added to dissolve it, (Cocaine is not soluble in the spinal fluid) and about 30 drops of the fluid allowed to escape into the dish, this is then drawn up into the syringe, and slowly injected. If an aqueous solution is to be used, 2 c. c. of sterile water is added to the cocaine, and an amount of the spinal liquid, equivalent to the quantity to be injected, is allowed to flow out. After the injection the needle is withdrawn and the puncture wound covered with collodion or adhesive plaster.

The analgesia begins in from 4 to 15 minutes after the injection. First in the lower extremities, gradually creeping up to the pelvis, over the abdomen, thorax, and if the dose has been sufficient, as far as the face. Total anaesthesia is sometimes produced even when a small amount has been used. In one case reported in this paper there was complete anaesthesia after the use of .015. In Chaput's¹³ report of 120 cases, total analgesia occurred in 11.

We do not know why a moderate dose will produce anaesthesia in the lower extremities in one patient, and total anaesthesia in another, but there is no chance in nature and the time is not far distant when the investigations of scientific men will determine the exact laws governing the action of such vital phenomena.

In spinal anaesthesia all sensibility to pain disappears, but contact sense remains.

The contractility of the muscles is retained. The symptoms complained of by the patient, during the anaesthesia are; coldness and numbness of the extremities or that the parts "are asleep," malaise, difficulty in breathing, sensations of heat suffusing the body, vertigo, and nausea, which according to Thomas¹⁴ occurs in 40 per cent. of cases, and by Tuffier's statistics in 30 per cent. The nausea varies in degree and intensity, the larger the dose, the more distressing this symptom. Vomiting usually appears within a few minutes after the nausea, it is violent in character. It is more frequent in women than men.

The pulse becomes faster and softer, sometimes reaches 160 beats per minute, but soon falls. The rhythm of the heart is not disturbed. Respiration is not especially affected, the breathing is deeper and occasionally sighing. Relaxation of the sphincter ani sometimes occurs with fecal incontinence.

The duration of the anaesthesia varies from 1 to 5 hours, depending upon the amount of cocaine injected and the susceptibility of the patient to the drug.

Upon the disappearance of the analgesia and from 6 to 8 hours after, appears the most distressing post operative symptom, which is a cephalalgia, lasting from one-half hour to 8 days, and occurring in about 40 per cent. of cases. Its location is in the frontal or occipital regions or in both, and resembles migraine. The severity of the pain is intensified by the erect posture and in many cases it is present, only in this position, disappearing entirely when the patient lies down.

Another remarkable post operative symptom is the elevation of temperature which is not preceded by a chill. It occurs in 45 per cent of cases. The temperature commences to ascend usually 4 hours after injection, attaining the maximum is from 8 to 10 hours. After from 12 to 14 hours from the rise it descends gradually to normal. In some cases the temperature has been known to reach an alarming height.

Fowler²¹ found in one of his 44 cases, that the temperature attained 106. 8 F.

The symptoms, if at all distressing, should be treated during and after the anaesthesia. Nausea is relieved by small doses of morphine and the tendency to syncope by nitro glycerine 1/100 grains or strychnine 1/60. An ice bag to the head when there is cephalalgia is beneficial. It is necessary to employ vigorous measures when alarming indications arise.

The cause and manner of the production of the anaesthesia is to a great extent a matter of conjecture. Some believe it due to increased intra-dural and intra-ventricular pressure; others that it is the result of the introduction of a foreign substance, differing in density from the spinal fluid; the consensus of opinion, however, is that the analgesia is produced by the specific action of the cocaine upon the cerebro-spinal centers.

Investigators have succeeded in producing anaesthesia, in animals, by the intraspinal injections of other medicaments, such as antipyrine, ergotine and quinine.

Cocaine, anaesthesia by the spinal way is applicable and advisable in many conditions. All physicians know the difficulty often encountered in persuading a patient to submit to a general anaesthetic, some positively refusing to be put to sleep. One of the cases reported in this paper was such. It is indicated in cases where there are cardiac, pulmonary or renal lesions. All operations upon the thorax, abdomen, arms and lower extremities can be done under this form of anaesthesia. Chaput¹³ reports three operations on the jaws and one on the neck done successfully. When an anaesthetic must be given after a meal, spinal anaesthesia is the one to be chosen.

This is an admirable form of analgesia for the country practitioner, with whom it is not an easy matter, and often impossible, to get capable assistance, even if there was time. Many emergency cases arise where an anaesthetic must be given at once. Cocaine can be injected and the operation performed by the one physician.

Spinal anaesthesia is especially indicated in obstetrics (excepting in version where relaxation of the uterine muscle is desired.) The muscular contractility not being disturbed the abdominal and uterine muscles can act when there is complete insensibility to pain. Doleris and Malartic¹⁵ of France, Kreis¹⁶ of Germany and Marx¹⁷ of New York have had much experience with it in this special line of medicine, and all are agreed as to its advantages. Cocaine is oxytotoxic and haemostatic. It is a good remedy in uterine inertia or retained placenta and in post partum hemorrhage.

It is indicated in cases where it is necessary to deliver quickly, such as eclampsia or placenta previa. This form of anaesthesia has been used by Doleris in a case of caesarian section. He states that the uterine muscle contracted better and there was less hemorrhage than in cases in which chloroform or ether were used.

Spinal anaesthesia can be given at any age and is equally well borne by both sexes. This form of anaesthesia is contraindicated in young children and hysterical patients, who are disturbed by the sight of instruments and the necessary preparations for an operation. Patients of this class often complain of pain which in reality is only the sensibility to contact. It is contra indicated in pregnancy, on account of the tendency of the cocaine to bring on labor; also in cases of advanced arterio sclerosis, cerebral congestion and shock. And in all cases in which muscular relaxation is desirable. As far as I have been able to make an estimate there have been, up to the present time, between eleven and twelve hundred cases of spinal anaesthesia.

One of the interesting questions that naturally arises, concerning this form of anaesthesia, is the number of deaths that have been occasioned by its use.

The Roumanian surgeons, Raçoviceanu-Pitesci and Severeanu reported two deaths following spinal anaesthesia, but J. B. Murphy¹⁸ in a statistical report, published in May, 1901, of 631 cases, includes only one of these cases of death as being caused by the anesthetic.

In the Medical News of August, 1901, appeared two letters from Paris, also reporting two deaths supposed to be due to this form of analgesia. In the first case 1 c. c. of a 1 per cent. solution was used. The operation performed was for the removal of a foreign body from the foot. Patient died the following day. The second case .02 were injected, the operation being for strangulated hernia. Immediately after the injection, cardio pulmonary symptoms were observed, patient died the following morning in a comatose condition.

Leguen¹⁹ in a recent issue of the Presse Medical reported two fatal cases. The first case was a man aged 54 years, who had had two apoplectic attacks and falling ruptured the tendon of the quadriceps extensor muscles. The patient was found to be emphysematous, the heart tones were muffled, there was atheromatous degeneration of the arteries, and signs of congestion of the brain. The author having lost a similar case under chloroform, decided to use cocaine, 2 c. c. of a 1 per cent. solution was injected. Fifteen minutes after while opening the articulation and evacuating the clots, the patient was suddenly seized with a feeling of suffocation. He asked to be allowed to sit up, his head was agitated with convulsive movements, he fell back upon the bed, his face black and in a few seconds was dead. An autopsy was not permitted.

Case 2 was a man 61 years of age who entered the Hotel Dieu with a strangulated hernia of 48 hours duration. The patient presented all of the signs of severe shock .015 was injected, in a few minutes respiration became difficult and he vomited twice, the face was pale, the forehead covered with sweat, suddenly the respiratory movements were arrested. Death came in from 12 to 15 minutes after the injection, the operation had not been commenced. The autopsy showed the heart arrested in systole, the lungs somewhat congested, and a number of recent infarcts in the lower lobes. There was a nephritis of a mild grade. It is very probable that the two

cases cited above would have died from any form of anaesthesia.

In comparing the percentage of fatal cases of sub-arachnoid anaesthesia with that of chloroform and ether narcosis, one is struck with the preponderance of the new method. It seems scarcely just to judge the rate of fatality from the reported cases. The history of the first four being so meager we are unable to decide as to whether the cocaine caused the deaths; it is very likely that there were strong indications against the giving of any anaesthetic, just as there was in the two reported by Leguen.

Even simple lumbar puncture which is considered by all surgeons, as being a comparatively harmless procedure has been followed by death in 17 cases, as shown by Gumprecht's 20 statistics. But in the majority of these cases a cerebral tumor was present.

I here append a report of five cases in which this form of anaesthesia was used, the injections and operations being done by S. R. Hopkins and myself.

Case 1. D. R., male, age 28 years, machinist, was operated upon Oct. 10, 1901, at 8 A. M., for acute suppurative lymphadenitis in the inguinal region. 1 c. c. of a 2 per cent. aqueous solution was injected; the solution being made of boiled distilled water and heated in a water bath at 100° C. for 6 minutes. Four minutes after the injection patient said his feet felt numb, and in 8 minutes the inguinal region was completely analgesic. At the time of the injection patient had a temperature of 102° pulse 118. Twelve minutes after the injection he complained of nausea, there was a pallor of the face and large beads of perspiration appeared upon the forehead. The patient vomited a small amount of glairy mucous. Pulse reached 138, but within an hour had fallen to 112. The operation was completed in 40 minutes. At 8 P. M. of the same day a severe headache in the frontal and occipital regions developed. This lasted for one week, but only when in the erect posture, it disappearing immediately upon lying

down. Aside from the headache the only other symptom noticed was a slight stiffness of the muscles of the neck lasting 2 days. This patient refused to take chloroform or ether.

Case 2. J. P., male, age 17 years, student, was operated upon Oct. 10, 1901, at 10 A. M., for tubercular tendo-vaginitis of the foot. The same technic and an equal amount of cocaine was used as in case one. Anaesthesia appeared in 5 minutes, there was nausea and slight vomiting. The operation was tedious, lasting one and three-quarter hours. At the end of which time the lower extremities were still anaesthetic. At 5 P. M. a severe frontal headache developed, it disappeared, however, within half an hour. No other unpleasant symptoms arose.

In the three following cases the method recommended in this paper, was used i. e. dissolving the cocaine in a drop of water and adding the spinal fluid.

Case 3. L. H., female, age 38 years, housewife, was operated upon Oct. 24, 1901, at 8 A. M., resection of the internal saphenous vein for varicosity and thrombosis. This patient had a well marked mitral insufficiency .015 was injected. In six minutes the field of operation was anaesthetic. The anaesthesia extended to the upper part of the thorax, the arms, however, retained their sensibility. A tablet of nitro glycerine (1.100 gr.) was placed on the tongue at the time of the injection.

There were no unpleasant symptoms in this case either during or after the operation.

Case 4. A. B., male, age 16 years, apprentice, was operated upon Nov. 25, 1901, at 2 P. M. Circumcision in case of phimosis with chancroidal infection. .015 was injected. In six minutes the penis was anaesthetic, at which time it was noted that the lower extremities still showed signs of sensibility. There were no symptoms such as nausea, vomiting, rapid pulse, etc., in this case. Half an hour after the injection, anaesthesia was complete over the entire body, a needle was passed into the cheek, neck and forehead without pro-

ducing any pain whatever, 1-100 gr. of nitro glycerine was given at the time of the injection. The following morning a severe frontal headache developed when the patient attempted to get up and walk, the cephalalgia gradually disappeared at the end of four days.

Case 5. R. R., male, age 30 years, miner, was operated upon Dec. 4, 1901, at 2 P. M. Resection of the glands in the inguinal region for suppurative inflammation of gonorrhoeal origin. At the time of the operation this patient had a temperature 102.5 with the pulse correspondingly high. Difficulty was found in puncturing in the fourth interspace, so the injection of .015 was made in the second. None of the usual accompanying symptoms appeared during the operation. The same evening a pretty severe cephalalgia appeared in the frontal and occipital regions, lasting for three days. This patient had just eaten a full meal and it was deemed inadvisable to use chloroform or ether.

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SOME SUGGESTIONS FOR THE BETTER CARE AND TREAT- MENT OF THE INSANE.*

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As we look back over the century just closed, we marvel at the wonderful improvement that has taken place in the care and treatment of the insane. At the beginning of the nineteenth century these unfortunates were regarded with superstition and awe, as being possessed of the devil, on the one hand, or as special recipients of Divine favor, on the other. Then Pinel, Tuke, Rush and others began their scientific study of this disease, and introduced scientific methods for their management, and the chains and dungeons of the past rapidly gave place to the palatial institutions of today. But this great work that these intellectual giants began must not stop, as commendable as is the work they did, we must improve it. Medicine and surgery are making advancements in every direction, and the great and important department of psychiatry must advance also.

What are the defects of our methods of today? As they occur to me, the institutions in which they are receiving their care and treatment are too large. No Superintendent has the physical capacity to give individual patients much personal attention. He must delegate this to his

subordinates, and then again the institutions are too far removed from the homes of the great majority of the patients. By the present cumbersome and unscientific demands of the law for their commitment, the patient must be taken from his home to the county seat, there receive his trial, and from thence be conveyed to the insane hospital to which the jury consigns him. This proceeding is a serious ordeal. Not infrequently most damaging mentally and physically to the patient, and because of this reducing very materially the prospects of his recovery. And then, again, these institutions being so far away from the homes, the members of their families cannot reach them when necessity arises or benefit may result, without entailing an expense not within the reach of many. Then, again, there are congregated together in these immense establishments the acute and the chronic cases; the one demanding the most careful, constant, judicious, scientific treatment, by a vigilant physician, with the best laboratory facilities at his hand; the other simply requiring custodial care. And then, horrible to relate, the hospitals of the State of Illinois have been for the past eight years, and are now, political machines, the employes receiving their positions, not because of special skill, and inherent capacity for the care and treatment of the insane, but because of some valuable political service rendered the party in political campaigns. This outrageous condition of affairs to which the people so supinely submit has destroyed, to a great extent, public confidence in them, so that it is not an easy matter to induce the family of the patient to place him as promptly under treatment as the nature of the case demands.

And then, again, the immense congregation of insane in our modern palatial establishments results, whether necessarily or not, in the great mass of the chronic insane being unemployed and leading a purely vegetative existence.

The first suggestion for the better care

*Read at the Fifty-first Annual Meeting of the Illinois State Medical Society, Peoria, May 21, 1901.

and treatment of the insane is that there should be a part of every hospital that is now to be found in most every town of any consequence in this State, set apart for the treatment of acute cases, and that these cases should be received into these special apartments without any delay and without any more legal process than is necessary in the case of other acute diseases; and that the expense thereof in the case of the poor should be borne by the county in which they have residence. And no expense should be spared to make this treatment thoroughly remedial. True economy demands the cure of these cases before this brief acute period is past. If this is not accomplished, fifteen or more years of chronic insanity is the usual result, the cost of which to the State will be at least five thousand dollars per person. So that a very large amount of money may be spent in the cure of one case to a very great ultimate saving to the treasury of the county. For twenty years past I have had under treatment in a general hospital one or more cases of acute insanity with scarcely an interruption, and the prompt application of treatment in some of these cases has resulted in a speedy cure, and many of these cases have by this means received that prompt treatment which they require, that otherwise would have been impossible, if the delay necessary to overcome prejudice, to secure trials and admission to the hospital had been encountered. As a matter of course, some of these patients after a short trial in the general hospital will be found to be unsuited for this kind of treatment, and they can be sent with as much ease from such a hospital to the State hospital for the insane as they could from their own homes.

The next suggestion pertains to the chronic insane, and here I ask your attention to the excellent work in this line first done in Scotland, in the care of a certain number of these chronic cases in private families. Dr. Sutherland, Deputy Commissioner in Lunacy for Scotland, writes:*

"On an average, 2,000 pauper insane have resided in private dwellings and no untoward occurrence has taken place save a single one which occurred in Fife, when a pauper lunatic committed a fatal assault upon the child of his guardian. This accident is no argument against the beneficent system which seeks to give to many unfortunates the comforts of a home. In forty years, with an average of 2,000 paupers under the system daily, the accident can have no special significance."

Dr. Fraser, the Commissioner in Lunacy for Scotland, in the 37th Annual Report, page 100, writes: "I am able in the most emphatic manner to confirm the conclusions already arrived at by my predecessors that the mode of care by which a large number of insane are placed in private dwellings under adequate control and local supervision, is one which both secures in the best manner the welfare of the patients, and lessens the burden of their maintenance on the public rates."

Twenty-three per cent. of the pauper insane of Scotland are boarded out in private dwellings. The great bulk of the insane thus provided for are imbeciles and harmless demented with which our hospitals abound. Evidence of unfitness for the freedom which the private dwellings give, causes the patient to be at once returned to the asylum. In a few cases every year this step has to be taken. The cost of this maintenance is from 6 shillings to 7 shillings per week, and clothing in addition, who live with strangers; and those with relatives, who are legally or morally bound to assume some share of the responsibility, the cost is from 1 to 6 pence to 5 shillings per week. Even at the highest rate, this is much below the cost of the hospital, and who would not prefer the humble dwelling and the family life to the palatial asylum, with its irksome discipline? The practice of "boarding out" is in use in England, where 6 per cent. are thus cared for; in Wales, 19 per cent. It is being tried in France, Belgium, Russia

*The Insane in Private Dwellings and Licensed Houses.

and Germany. Massachusetts is also making the experiment on a small scale.

Another important matter in connection with the care of the insane that has been entirely overlooked in this State, is the making of some temporary provision for the patient discharged from the hospital while he is again seeking employment. His residence in the hospital has fixed upon him in the appreciation of many, a stigma, and a little time is often necessary in which to re-establish himself in the confidence of his community, and while this restoration is taking place the mental worry and disappointments, without money to support himself, not infrequently result in a relapse, and then, again, he becomes a charge to the tax-payers. Philanthropy as well as economy demand that we should make some temporary provision for these unfortunates during this trying interval.

EXECUTIVE COMMITTEE MEETING.

Pursuant to call of the President, the executive committee met in Chicago on the 5th day of October, 1901. The entire committee was present with the exception of Joseph Robbins who, however, was represented by Grant Irwin of Quincy.

The committee of arrangements was instructed to provide suitable places for the meeting at Quincy as per resolution adopted at the last annual meeting.

It was moved and carried that Section Three be given the first half day of the session and limited to ten papers.

It was moved and carried that Sections One and Two shall be in session simultaneously and that these sections shall be limited to thirty-five papers each.

Moved and carried that the president's address and the address of Section Three be given on Tuesday evening.

Moved and carried that Section Two be instructed to go outside of State, if it so desires, for the purpose of obtaining the services of an authority to deliver the address of said section.

Moved and carried that the chairman of

the other sections may select the orator of their respective section.

Moved and carried that the annual dinner shall be on Wednesday night and that the cost of same shall be \$1.00 per plate.

The committee of arrangements is instructed to send out a letter of general invitation to the profession of the State about May 1st.

The secretary is instructed to mail a copy of the program to each member of the Society.

E. W. Weis,

Permanent Secretary.

Decision of the President that a Society having announced definite boundaries can not legally admit an applicant residing outside its territory.

A certain district Society having announced that it embraced a definite territory accepted the application of a physician residing outside the territory announced. The application of this physician was presented by a salesman traveling for a drug house, and endorsed by two members of the Society, one of whom was not personally acquainted with the applicant. It was shown that the applicant had not applied to societies in his neighborhood, but had traveled far from home to apply to this Society. The physicians residing in his district made objection to his reception by the district Society to which he applied and the president sustained the objection on the ground that he did not reside in the territory of the Society to which he made application. This experience shows that all societies should have definite jurisdictions and should not admit applicants outside their jurisdictions without the permission of the officers and members of societies having the right to pass on the character of the applicant. The Chicago Medical Society has such a provision. See page 289, Illinois Medical Journal.

THE NEW CONSTITUTION AND BY-LAWS.

E. Fletcher Ingals, chairman of the committee on the revision of the constitution and by-laws, requests each and every member of the Society who has any suggestion to make regarding proposed changes to mail them to him at once. His address is 36 Washington street, Chicago.

The Illinois Medical Journal.

The Official Organ of the State Medical Society.

EDITOR—George N. Kreider, M. D., Springfield.

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DISTRICT SOCIETIES.

Aesculapian—H. McKennan, M. D., Paris.
Brainerd District—Kath. Miller, M. D., (deceased.)
Central Illinois—C. R. Spicer, M. D., Taylorville.
Galva District—C. W. Hall, M. D., Kewanee.
Fox River Valley—H. J. Gahagan, M. D., Elgin.
Military Tract—C. B. Horrell, M. D., Galesburg.
North Central—Geo. A. Dicus, M. D., Streator.
Southern Illinois—O. B. Ormsby, M. D., Murphysboro.
Tri-County—Leroy Jones, M. D., Hoopeston.
Western Illinois—H. H. Chapin, M. D., Whitehall.

URBAN SOCIETIES, EX CHICAGO.

Decatur Medical—C. Martin Wood, M. D.
East St. Louis—C. W. Lillie, M. D.
Jacksonville Physician's Club—D. W. Reed, M. D.
Peoria Medical—E. M. Eckard, M. D.

Massac County—C. E. Frovillion, M. D., Metropolis.
Montgomery County—J. M. Trigg, M. D., Farmersville.
Morgan County—Ed. Bowe, M. D., Jacksonville.
Ogle County—H. A. Mix, M. D., Oregon.
Perry County—J. W. Smith, M. D., Pinckneyville.
Pike County—R. H. Main, M. D., Barry.
Pulaski County—Chas. J. Boswell, M. D., Beechwood.
Rock Island County—J. G. Swenson, M. D., Moline.
Saline County—J. K. Baker, M. D., Harrisburg.
Sangamon County—F. B. Fisher, M. D., Springfield.
Schuyler County—A. W. Ball, M. D., Rushville.
Shelby County—A. G. Mizell, M. D., Shelbyville.
Stephenson County—R. J. Burns, M. D., Freeport.
St. Clair County—B. Portuondo, M. D., Belleville.
Union County—T. Lee Agnew, M. D., Anna.
Vermilion County—E. E. Clark, M. D., Danville.
Wabash County—J. B. Maxwell, M. D., Mt. Carmel.
Warren County—Adella R. Nichol, M. D., Monmouth.
White County—W. A. Steele, M. D., Carmi.
Will County—E. R. Larned, M. D., Joliet.
Williamson County—G. W. Evans, M. D., Marion.
Winnebago County—S. R. Catlin, M. D., Rockford.

CHICAGO SOCIETIES.

Academy of Medicine—J. G. Kiernan, M. D.
Electro-Medical—Richard H. Street, M. D.
German—Karl Doepfner, M. D.
Gynecological—C. S. Bacon, M. D.
Medical Society—F. X. Walls, M. D.
Medico Legal—N. S. Davis, Jr. M. D.
Neurological—C. H. Lodor, M. D.
Ophthalmic and Otolological—J. A. Woodruff, M. D.
Orthopedic—Edwin W. Ryerson, M. D.
Pathological—Geo. H. Weaver, M. D.
Physician's Club—L. H. Mettler, M. D.
Rhino logical and Laryngological—J. E. Rhodes, M. D.
Rush College—J. B. Herrick, M. D.
Society of Internal Medicine—Robt. B. Preble, M. D.
South—J. S. Davis, M. D.
Southwestern—Thos. J. McGonagle, M. D.
Surgical—D. N. Eisendrath, M. D.
West—Gustavus M. Blech, M. D.

All communications should be addressed to the Editor, 522 Capitol Ave., Springfield, Illinois.

The Society does not assume responsibility for any statements or opinions published in the JOURNAL.

The JOURNAL is published monthly. The subscription price is \$3.00 per annum in advance. The JOURNAL is furnished free to the members of the Society.

Entered at the postoffice in Springfield as second class matter.

JANUARY 1902.

ALL OTHER STATE SOCIETIES.

After many weeks of correspondence we are able to submit to our readers the following table of statistics of all regular State Medical Societies in the union. We desire, first of all, to convey an expression of thanks to the secretaries of the various State organizations for copies of their transactions or of the official journals containing the same. From these volumes and publications we have learned how strong and respectable these societies are, and what a broad and scientific spirit pervades them. After the table was com-

pleted a proof was taken and submitted to each secretary for correction. Forty responses were received and after making all corrections we feel well assured of the accuracy of the figures presented. We think they will prove interesting to all our readers and valuable to our members in considering the formation of a new constitution and by-laws for our Society. It is gratifying to know that more than 26,000 persons belong to the State Societies, the real working organizations of the profession. It can not be too frequently emphasized that state legislatures enact the laws

regulating medical affairs and that they can be influenced for good or evil only by State Medical Societies. These societies too are laboring for improvements in the teaching of medical students, the scientific interests of the practitioner, and the welfare of the entire population. In these societies are to be found all the earnest, self-sacrificing men engaged in the practice of medicine in all the states. A professional man who does not belong to his local, state and national organization is not giving to his profession that devotion which is justly due.

From the table we learn that the average annual due is \$3.00 and that at this time only three societies require the payment of as small a due as \$1.00. Alabama, assisted by an appropriation of \$5,000.00 from the State, is the only one of the three which has more than three hundred dollars in the treasury. The largest and wealthiest society is that of Massachusetts which has nearly fifty thousand dollars in the treasury and requires the payment of five dollars annually. Rhode Island comes next, and these two states have in their treasuries two-thirds of the total amount found in all the states.

Nearly 8,000 of our brethren leave home and practice each year to attend and benefit by society meetings. Here again Massachusetts leads with an attendance of 1,000. Illinois and Pennsylvania are the only other states having an attendance of 400 or more. Compared with other states Illinois now stands well to the front. Seven State societies have more than 1,000 members. Illinois with 1,170 members ranks fifth and probably spends more money for the benefit of the profession than any other. Illinois has more

auxiliary societies with more actual members than any state in the union. The day is not far distant when every member of a local society will become a member of the State Society and then we will have the proud distinction of having the largest and most efficient organization on the continent. The rapid growth of our Society is due to the fact that a monthly journal is issued instead of the annual volume still in vogue in most of the states. Monthly journals are issued by three other states, viz: Pennsylvania, New York and Kansas. Other states are considering this plan and it is reasonable to suppose that ere long all journals will be in the hands of professional organizations guided and guarded by them and representing their highest ideals.

The figures giving the number of practitioners have been carefully calculated and in many states are absolutely correct. It enables us to state the number of persons engaged in medical practice in the Union as being 123,468 at this time. Polk's directory contains the names of many dentists and veterinarians and is therefore far from accurate. The oldest State Society is that of New Jersey, organized in 1766, the youngest, Utah, organized in 1895. Alabama has the largest proportionate number of practitioners in the State Society, then comes Massachusetts, and third Utah. The State having the smallest proportion of the profession in the State Society is Missouri, where only about one in twenty-five of the profession profess allegiance. The general average for the entire union is twenty-three per cent. Many other interesting comparisons might be made but these we must leave to our readers. We believe the table is worthy of careful study.

STATE.	Date of Organiza- tion.	Number of Members.	Average Attend- ance at Annual Meeting.	Number of Physicians in the State Not Mem- bers of the State So- ciety.	Num- ber of Aux- iliary So- cieties.	Number of Members in Auxiliary Societies.	An- nual Dues.	Amount in Treasury.
							DOLS.	DOLS.
Alabama	1868	1165	200	600	66	1165	1	1508
Arizona	1892	64	20	120	3	.....	.....	.....
Arkansas	1874	270	75	2130	17	.....	3	32
California	1856	335	100	2115	36	.....	5	531
Colorado	1871	327	150	1000	21	.....	5	356
Connecticut	1793	677	175	925	0	685	2*	4
Delaware	1789	141	30	150	0	.....	1	75
District of Columbia..	1833	454	100	516	1	300	.....	.....
Florida	1873	166	50	540	3	.....	3	.....
Georgia	1849	592	150	2550	0	.....	3*	400
Idaho	1893	59	15	144	2	.....	5	275
Illinois	1850	1170	400	8400	80	3700	3	1280
Indiana	1849	1625	375	3695	75	1625	1	279
Iowa	1850	744	370	3000	61	.....	2	1129
Kansas	1859	246	125	2500	8	.....	2	81
Kentucky	1851	605	200	2800	31	.....	.....	176
Louisiana†	1880	336	100	1015	11	375	5	800
Maine	1853	308	125	942	16	.....	.....	2822
Maryland	1799	680	350	1520	8	.....	2**	1965
Massachusetts	1781	2500	1000	2000	18	2500	5	47420
Michigan	1866	636	150	3972	24	.....	3	753
Minnesota	1869	526	90	1489	16	.....	3	1111
Mississippi	1867	398	125	1162	0	.....	2	300
Missouri	1857	244	200	5006	46	.....	4	41
Montana	1879	125	55	200	5	.....	2	.....
Nebraska	1869	425	125	800	6	.....	2	619
New Hampshire	1791	350	160	560	10	.....	2	5065
New Jersey	1766	1010	300	1303	20	1010	2*	2659
New Mexico	1882	41	10	100	1	.....	.....	.....
New York— State Medical Society.....	1807	1199	278	.....	79	5541	5	3792
New York— State Medical Association.	1884	1576	300	10325†	23	1576	5	3147
North Carolina	1849	490	175	1100	0	.....	2	136
North Dakota	1888	122	25	178	0	.....	2	553
Ohio	1846	960	170	7636	59	3296	2	136
Oklahoma	1893	125	50	750	0	.....	1	100
Oregon	1874	129	30	758	2	.....	3	141
Pennsylvania	1848	††1495	450	8831	55	3447	3*	403
Rhode Island	1812	249	150	480	0	.....	5	22772
South Carolina	1848	274	55	920	8	.....	.....	.....
South Dakota	1882	62	33	411	4	.....	3	180
Tennessee	1830	408	161	2800	17	.....	2	11
Texas	1869	350	150	5550	20	1500	5	2000
Utah	1895	137	50	107	5	86	3	151
Vermont	1814	238	90	525	0	.....	3	300
Virginia	1870	1008	.....	1192	2	.....	.....	1342
Washington	1889	220	75	780	8	.....	3	852
West Virginia	1867	306	75	1132	9	.....	2	56
Wisconsin	1846	630	250	1582	13	718	3	1109
Wyoming	1897	45	15	65	0	.....	2*	0
Total .....	.....	26232	7907	96376	889	.....	.....	\$107563

* Amount to be regulated at Annual Meeting.

† Not members of State Society or Association.

‡ 1351 practitioners in the State, only one of whom is registered as a homeopath.

** County members \$2. City members \$6.

Nevada omitted. Total number of physicians in State is only 60. Indian Territory also omitted. 800 physicians in Territory. No response to repeated requests for information from these two divisions.

†† Pennsylvania's constitution is said to be ambiguous. The Secretary claims all members of local societies are members of the State Society.

THE FIRST MILESTONE.

With this issue of the Journal we reach the conclusion of another eventful year, and pass the first milestone of the twentieth century. It is greatly wise to talk with these past years, and call for their report. As no man living, a hundred years ago, could have foretold the present status of medical science. So now none may presume to forecast the achievements which the present century may unfold.

It was Patrick Henry who said he knew of no way of judging of the future but by the past, and judging thus by the advances made even during the last fifty years and mindful of the rich heritage thus bequeathed, it will not be singular, if there shall come to us in this twentieth century, surprises of which as yet we little dream. There comes to us an impetus from the past which gives promise of still greater achievements in the future and this is especially true of medical matters in our own country.

When in the early years of the last century, Sidney Smith in the *Edinburg Review* with a spirit full of derision asked, who reads an American book, or hears an American play, what he wrote was true. But poor Sid Smith was writing for us, better than he knew. How blind he was to our impoverished conditions. We had grappled with his own strong legions, and compelled a place among the nations. Fire and sword for years had compassed our land and these are not conducive to literary achievements. But peace had dawned and we were given time to breathe. Those taunting words of Smith, were not without their fruitage and Prof. Chapman at once began the publication of the *Philadelphia Medical Journal*, which seven years later was merged in the *American Journal*

of the Medical Sciences and which from that day to this has been the peer of the best of its kind in the world.

It is not our purpose to enter into any historical review of the progress of medicine and surgery in this country from the date of Smith's writings until now, but it is a matter for congratulation, that with the unfolding of vast opportunities, the medical profession of this country in every emergency, whether in the homes of our people, or on battlefields red with carnage or amid blazing of our battleships our profession has been equal to the requirement of each hour.

We look with pride as the century opens upon our colleges with their able bodies of medical teachers. Our laboratories so finely equipped. Our hospitals so nearly perfect in every detail. Our text books and our journalism. We hear no more "who reads an American book?"

Poor Sid Smith! he was no seer. It was not given him to forecast our future. He did not know our people. J. H. H.

ITINERANT ISHMAELITES.

Lack of space this month prevents extended consideration of the ravages made by these persons on the innocent public. We understand that at least two complaints have been made to the authorities in the past thirty days.

A certain William Trent, eminent specialist (?), graduate of the Chicago University (?), announced himself in the daily press of Monmouth, for a visit on December 7th, A. D. 1901. A member of the State Society advised the proper authorities of this fact. The state's attorney was consulted and authorized to prosecute the gentleman. On the morning of the 7th an attempt was made to serve a summons on this modern Aesculapius. Unfortun-

ately he learned of the impending visit of the constable and hastily left the town, and his present post office address is unknown.

We understand also that the benevolent "quaker doctors" waived trial when arraigned at Mattoon and were let off on promise that they would leave the state.

These two instances prove that a little persistent activity on the part of our members would relieve our state of this disgrace.

New Members.

Allbright, Adam C., Sibley, member McLean County Medical Society.
 Baecht, F. C., Brussels, member Calhoun County Medical Society.
 Bowling, John W., Omaha, member Gallatin County Medical Society.
 Campbell, O., Beverly, 100 State st., Chicago, member Chicago Medical Society.
 Golden, I. J. K., 1134 Milwaukee ave., Chicago, member Chicago Medical Society.
 Hill, M. M., Springfield, member Sangamon County Medical Society.
 Howland, E. D., 103 State st., Chicago, member Chicago Medical Society.
 Kaiser, J. M., Somonauk, member North Central District Society.
 Robinson, L. F., Ullin, member Southern Illinois Medical Society.
 Waggoner, Lyman T., Jerseyville, member Jersey County Medical Society.

Local Societies.

The Champaign County Medical Society at the December meeting elected the following officers for the ensuing year. A. S. Wall, president; Z. E. Matheney, vice-president; H. E. Cushing, secretary and treasurer. Censors, C. B. Johnson, C. M. Craig, W. K. Newcomb.
 A. S. Wall, Official Reporter.

The Franklin County Medical Society was organized in Benton on the 19th of November, with a membership of twelve.

The officers are S. M. Roberson, president; W. H. Smith, secretary and treasurer. Censors: C. M. Hudgins, H. A. Patteson, J. D. Smith. Regular meetings will be held at Benton, first Tuesdays in January, April, July and October, at 10 o'clock A. M.

We have about thirty physicians in this county and hope to have them all in the Society at next meeting.

W. H. Smith,
 Official Reporter.

The Bureau County Medical Society held its 16th Semi-annual meeting at the city hall at Princeton, on Nov. 14, 1901. S. W. Hopkins presented an interesting and instructive paper on "the kidney."

John D. Sundberg, formerly United States consul at Bagdad, was present and gave an entertaining after-dinner talk on the **Sanitary conditions of the countries of the far east.** A. E. Edwards of Chicago read a valuable paper on "the diagnosis and treatment of ulcer of stomach." He also kindly consented to hold a clinic. Dr. Rice and Dr. Lytle, members of the Society, offered themselves as subjects. The value of such a clinic was so apparent that it is to be hoped the idea may be followed in future meetings.

O. J. Flint,
 Official Reporter.

The Pulaski County Medical Society met and organized in Mound City, December 17, 1901. The meeting was called to order by J. T. McAnally, president of the State Medical Society, who was chosen temporary chairman, C. J. Boswell was appointed secretary pro tem, the constitution and by-laws were read and adopted. The following officers were elected to serve for the ensuing year: President, M. L. Winstead, Wetaug; Vice-President, J. F. Hargan, Mound City; Secretary and Treasurer, C. J. Boswell, Beechwood; board of censors, B. A. Royal, W. J. Whitaker and J. B. Mathis.

The following is a list of those present who became members: W. J. Whitaker, Olmstead; Hall Whitaker, Mound City; Simon Willard, Mound City; M. L. Winstead, Wetaug; A. W. Tarr, Grand Chain, B. F. Brown, Pulaski; Monroe Doty, Grand Chain; W. C. Rife, Villa Ridge; J. H. Crain, Beechwood; B. A. Royall, Villa Ridge; J. B. Mathis, Mound City; C. J. Boswell, Beechwood; C. B. Powell, Mound City; T. J. Kinney, Mound City; J. F. Hargan, Mound City. After short talks on the benefits to be derived from organization by W. F. Grinstead, McAnally, Whitaker and others, the Society adjourned to meet in Mound City on the first Tuesday in January, 1902.

Charles J. Boswell,
 Official Reporter.

The Douglas County Medical Society met in regular quarterly session in the K. of P. hall, Tuscola, November 14th, with the following members present: J. L. Reat, Brenton, Blaine, Pullian and Rice, of Tuscola, and McClain, of Atwood, and I. W. Hall of Camargo and J. A. Hoffmann, of Pesotum as visitors.

The president being absent, Dr. Pullian filled the chair. The minutes of the previous meeting were read and approved.

J. L. Reat read a very able paper on "sanitary science," and the same was fully discussed by every member present.

There being no further papers, Dr. McClain of Atwood, reported an interesting case of **epididymitis** in a patient of 80, the report was lengthy, and was freely discussed.

J. A. Hoffman of Pesotum, reported a case

of typhoid fever of some 4 to 6 weeks standing, who had developed numerous complications.

Drs. Reat and Rice each reported a case of **synovitis**, at this point quite a discussion developed in reference to the composition, good and bad qualities of **antiphlogistine**. Dr. McClain reported a case of injury of leg.

Drs. Reat, Brenton and Blaine, were appointed to draw up suitable resolutions, upon the death of Dr. Devors of Hume, Ill., who was a charter member of our Society.

I. W. Hall of Camargo and J. A. Hoffman of Pesotum, made application to become members of the Society, the censors reporting favorable, they were duly elected and enrolled as members.

The Society adjourned to meet in this city the first Thursday in February, 1902.

W. E. Rice, Official Reporter.

The Decatur Medical Society met at the Decatur club rooms on Friday evening, November 29th. In the absence of the president, vice-president H. C. Jones was called upon to preside. The minutes of the previous meeting were read and approved. Under reports of committees the following resolution was read:

The Society learns with regret of the recent bereavement of two of its members and offers its sincere sympathy to M. V. Lonergan in the loss in so short a time of son, wife and brother. We would also extend to Fred Stoner our sympathy in the loss of his father who was a respected member of the medical profession in this city for many years.

H. C. Jones,

J. W. Sanders,

C. M. Wood,

Committee.

On motion this resolution was adopted.

John T. Miller read a paper on the subject "**Is man susceptible to bovine tuberculosis?**" This was a carefully prepared paper and covered the subject fully. In the discussion which followed the general opinion was, that the harmlessness of bovine tuberculosis to man was not yet sufficiently proven to warrant us in relaxing the sanitary precautions now taken against bovine tuberculosis.

W. A. Melton of Warrensburg read a paper on "**management of normal labor.**" Animated discussion followed this paper and various views were expressed. The majority of the members do not use ergot or douches except in complicated cases. M. D. Pollock exhibited a clamp which he uses on the cord in place of a ligature. Will C. Wood exhibited a fetus with hernia of the abdominal viscera into the cord. The liver stomach spleen and intestines were exposed to view.

It was otherwise abnormal in that the right forearm was absent, the hand, which was rudimentary, being attached to the humerus.

M. T. Heffernan, C. W. Coe and Tyler Meriweather were appointed a program committee for the next meeting. Adjourned.

C. Martin Wood, Official Reporter.

The Peoria City Medical Society met in regular session December 17th. Fifteen members were present. E. J. Lucas who has been treas-

urer of the Society and who recently resigned on account of sickness received the unanimous gratitude of the Society, for efficient service and prompt attendance at meetings. It is to be regretted that Dr. Lucas is obliged to be gone from home so long on account of illness. B. M. Stevenson, who lies critically ill at the Cottage Hospital from strangulated hernia, was not forgotten and the Society voted to send him a bouquet of flowers with their compliments and hope of speedy recovery.

C. E. Davis read a paper on **eclampsia**. His main point was in treatment, he believed that large and frequent doses of morphine in puerperal eclampsia with veratrum per rectum was the best and most efficient treatment, he cited several cases so treated with the best results.

W. T. Sloan in discussing the paper, commended the use of large doses of morphine and also veratrum, especially with plenty of water with the latter. He had seen very little puerperal eclampsia in his own practice as he takes no cases of confinement unless engaged before hand, and always is careful to make urinalysis and remedy anything wrong. If albumen is present he uses bitartrate of potash. He said he believed there were some cases of puerperal eclampsia in which no albumen was present in urine.

C. W. Collins reported a case in discussion in which large doses of lobelia per rectum taken with mental suggestion relieved an obstinate case of **hysterical mania**.

Dr. Sheppard reported a case of **convulsions with severe hemorrhage** during labor which was relieved by giving plenty of morphine.

Dr. Marcy thought pilocarpin an excellent remedy in **eclampsia due to nephritis**.

C. E. Davis in closing said he often met physicians in consultation who did not know how to bleed and who never use veratrum. He thought Jaborandi acted better when combined with morphine.

E. M. Eckard, Official Reporter.

The North Central Medical Association held its twenty-eight annual meeting at Dixon, December 3d and 4th. Between fifty and sixty members attended, and twenty-two new members were admitted. The names of the new members are:

M. F. Dorsey, Streator; D. C. Leavens, Amboy; H. D. Steele, Princeton; J. E. Allaben, Rockford; C. W. McPherson, Hazelhurst; W. R. Owen, Sublette; L. A. Beard, Polo; J. M. Kaiser, Sommonauk; E. S. Murphy, Dixon; J. A. Nowlen, Dixon; C. A. Wilcox, Amboy; F. C. Taylor, Florid; E. A. Sullivan, Amboy; M. L. White, Dixon; U. N. Thornton, Leland; C. H. Bokhof, Dixon; A. C. Phillips, Apple River; A. F. Moore, Dixon; C. C. Kost, Dixon; F. M. Banker, Franklin Grove; Frank Anthony, Sterling; E. P. Sullivan, Malvern.

Ten out of twelve papers on the program were read and discussed. We hope to have abstracts of these papers for our next issue. Nearly one hundred persons sat down to the banquet at the Nachusa House. C. C. Hunt acting as toastmaster. Mr. B. F. Shaw, editor of the Dixon Daily Press, responded to the

toast, "The Press. The body politic pathologically considered." We extract some characteristic portions.

Between doctors and editors there is a sort of incompatibility of environment that is somewhat unpleasant on occasions, from a business point of view.

Doctors do not believe in advertising. They have some sort of foolish ethics against it, while editors dote on advertising. It is their stock in trade.

I have attempted now and then to give doctors free advertising, but generally met with failure. Many months since an epidemic prevailed in Dixon. The doctors called it Dutch measles until it broke out in several Irish families and then they were all at sea. Two expert doctors made a diagnosis of the disease, calling it smallpox. I headed an editorial account of the affair "A Paradox" and I could not secure a speaking reach of a doctor for a long time. I learned too late that doctors would not submit to the familiarity of being called "Docks."

The officers elected were: President, John Ross, Pontiac; First Vice-President, Jane Reid Keefer, Sterling; Second Vice-President, Wm. O. Ensign, Rutland; Secretary and Treasurer, George A. Dicus, Streator.

The place of meeting for next year will be Streator.

The Physicians Protective Association of Danville. At a called meeting of the physicians of Danville for the purpose of discussing and organizing a Physicians Protective Association December 16th. A. L. Fox was placed in nomination for temporary chairman and unanimously elected, followed by the election of E. E. Clark for temporary secretary.

The president called on H. F. Becker to state the object of the meeting which was done by reading the following resolutions:

Resolved, That it is the sense of this meeting that a society for the establishing of a uniform fee bill, a systematic method of collecting our bills, a blue book system of keeping a record of all persons who do not pay their bills, for the collecting of our bills for persons rendered dependent on account of accidents and for our legal protection, should now be formed in this city.

A motion by Jos. Fairhall that these resolutions be adopted was unanimously carried.

A motion by S. C. Glidden that chair appoint a committee of five on constitution and by-laws carried. Dr. Fox appointed the following five: H. F. Becker, C. W. Fallis, J. M. Guy, T. E. Walton and Jos. Fairhall.

H. F. Becker introduced a motion that the chair appoint a committee of five, himself to be chairman, to draft a fee bill, carried. Committee as follows: A. L. Fox, S. C. Glidden, H. Mize, E. E. Clark and S. W. Jones. Both committees to present their work at the first succeeding meeting for action by the Association.

Upon motion it was decided to hold the next meeting the first Monday after Christmas.

A motion to make the temporary chairman and secretary permanent, was ruled out of order by the chair.

The question of assessments to defray necessary expenses was thoroughly discussed for the benefit of the committee of constitution and by-laws.

S. C. Glidden moved that a suggestion be offered the committee that the annual dues be one dollar and that any deficiency for first expenses be made up by apportioned assessments, carried.

The number of physicians responding to the call was certainly encouraging and the sentiment was unanimously and enthusiastically in harmony with some move to afford professional protection.

There being no further business at this time the temporary organization adjourned to the next meeting, Dec. 30, 1901.

A. L. Fox, Temporary Chairman.

E. E. Clark, Temporary Secretary.

The East St. Louis Medical Society met December 16th. H. C. Fairbrother, president, in the chair. W.-S. Wiatt, secretary, and Drs. Rendleman, Corr, McLean, Lillie, Housh, Smith, Sheppard and Little. Also Dr. Caldwell and Dr. Bottom, visitors.

C. W. Lillie read a paper, "observations on typhoid fever." The paper assumes that it is admitted that typhoid fever is caused by the *bacillus typhosus* with which the system becomes saturated during incubation that the malaise and torpor of the early period is due to the toxins produced by the parasite in a system not resistant to their evil effects; that the headache and bone-ache of the stage of invasion is due to the same cause; and that the cessation of these symptoms later on is due to an overwhelming increase in the toxins, and probably to a colonization of the parasites in the nerves and nerve centers; that the loss of appetite and functional torpor of the early period is due to the same cause; that the insomnia is due to a hyperaemia of the brain; and that in the meningeal cases a colonization of the parasites in the meninges and ventricles is added to the paralyzing effect of the toxins, thus accounting for the early development of nervous symptoms; that the post-typhoid conditions, mild insanities, ocular affections and paralyses, are brought about in the same way; that the heart disturbances are due to the degenerating effect upon the heart muscle, except the bradycardia of the early period which is caused by the inhibiting power of the toxin in a system unprepared for resistance; that the recurrence of fever after a few days of normal temperature is probably due to decomposition products of muscles becoming active after a period of rest, or to great numbers of the bacilli and their toxins being set free from glands resuming their functions; that it seems probable that true relapses are due to the fact that in the primary attack only a portion of the intestinal glands have been seriously affected, and that in the relapse the remaining glands have been diseased; this idea is based upon the assumption that after an active participation in this disease the glands no longer offer a suitable soil for the growth of the bacilli, and that it is at least probable that the immunity

which one attack of this disease appears to confer is as much due to this fact as to any acquired property of the blood.

The suggestion is made that it may be possible to treat the blood so as to prevent the toxic effect of the products of the parasites and possibly to render it impossible for these to multiply in the glands or tissues.

C. W. Lillie, Official Reporter.

The Fulton County Medical Society held its 17th bi-monthly meeting at Farmington, December 3d. Meeting called to order by President Stoops at 4 o'clock P. M. Dr. Scholes was appointed secretary pro tem.

Those present were Drs. Stoops, W. D. Nelson, Reagan, Hanson, Coleman, Sutton, Connelly, T. R. Plummer, Wm. Plummer and Scholes.

Committee on membership reported favorably on the application of F. R. Miller of Canton for membership. Report was accepted and he was voted into membership.

The committee made no report on the application of L. A. Robison.

By vote of the Society the application of L. A. Robison was referred back to the old committee with instructions to report at the next meeting.

Amendment proposed at the last meeting was brought up and motion made that the February and April meetings be discontinued, and that the meetings of the Society be held as follows: First Tuesday in October (annual meeting), December, May and July of each year. Motion carried unanimously.

Necrologist reported on the death of S. B. Bennett and the report was ordered placed in full on the minutes of the Society.

On motion meeting adjourned for supper to meet again at 7 o'clock.

Meeting called to order by President Stoops at 7:30 P. M.

President appointed Drs. Sutton, Wm. Plummer and Nelson committee to select next meeting place.

Society then took up the scientific program.

Phlegmasia was omitted on account of absence of Dr. Frazier.

An obstinate case of premature labor at 7th month, by Wm. Plummer.

General discussion followed.

Diabetes. Dr. Hanson.

Discussion by Drs. Coleman, Reagan, Sutton and Stoops.

The subjects of phlegmasia, endocarditis and apoplexia were discussed and some interesting cases reported.

A vote of thanks was extended to the Farmington physicians for their hospitality.

On motion the meeting adjourned.

P. S. Scholes, Secretary pro tem.

The Fox River Medical Association met at the rooms of the Columbus Club, at Aurora, on Tuesday, November 26th.

The meeting was called to order at 11 A. M. by the President, Catherine B. Slater. Forty-one members of the Society were present.

After some discussion, the constitution was amended so that the clause relative to member-

ship was similarly constructed to compare with that of the Illinois Medical and the American Medical Associations.

The election of officers resulted in the selection of the following: President, George F. Allen, Aurora; Vice-president, George J. Schneider, Elgin; Secretary-Treasurer, H. J. Gahagan, Elgin; Executive committee, E. H. Abbott and H. G. G. Schmidt of Elgin; J. A. Pratt and F. H. Jenks of Aurora. Board of censors: James Campbell, Elgin; Thos. E. McCauley, Gilberts; H. A. Brennecke, Aurora.

D. R. Brower, of Chicago, an honorary member of the Association, read a paper on the "social evil in Japan." The doctor's deductions were that with all the isolation, medical care and police protection carried out by the civil authorities, the suppression of disease was a failure, and the vice problem still unsolved.

The following papers were also read, viz:

"The commitment of the insane," F. H. Jenks. Discussion by H. L. Pratt and Arthur Loewy.

"Medical Appendicitis," R. G. Scott. Discussion by H. A. Brennecke and W. J. Calhoun.

"Vaccination," H. J. Gahagan. Discussion by J. W. MacDonald and R. A. McClelland.

The applications of W. S. Brown and Philip F. Gillette of Elgin, Henry Wyllys of Kingston, C. S. Parker, C. W. Guyer and Wm. P. Sherman of Aurora, F. R. Frazier of Yorkville and C. B. Johnson of Batavia were reported favorably by the board of censors, and they were elected to membership.

At the conclusion of the morning session, the members, their wives and invited guests, to the number of sixty-five, partook of the inviting menu, prepared by the Women's Relief Corps, at the G. A. R. hall.

The postprandial program was unusually fine. Our minister to Brazil, Hon. Charles Page Bryan, gave an interesting description of that country. Arthur Loewy, former superintendent of the asylum at Elgin, D. R. Brower and Mr. H. D. Judson, superintendent of the Burlington road, each entertained, as also did Lydia H. LaBaume, Rev. W. A. Colledge, R. A. McClelland and Mrs. Chas. Woodman. J. G. Tapper of Elgin was toastmaster.

The next meeting occurs at Elgin, in May, 1902.

H. J. Gahagan,
Official Reporter.

The Southwestern Medical Society of Chicago held its 15th regular meeting, Tuesday evening, December 10th, at 5456 S. Halsted street, with an attendance of 29 members and visiting physicians. We had planned to listen to an address by G. Frank Lydston, but owing to unavoidable circumstances he was unable to be present.

C. H. Miller, president, then announced that the meeting would be entirely informal and requested anyone present who wished to report cases of unusual interest, from his own practice, and opened the discussion by reporting a case of **frequent micturition** as the only complaint in an otherwise healthy woman.

Urine normal. Examination revealed presence of cyst of one of the Bartholinian glands, removal of which and dilation of urethra, entirely cured the trouble.

Dr. Weir then reported a case where the diagnosis could not be made, but ran from meningitis to uraemia and finally concluding that it was a case where sulfonal and trional "which had been given in small doses and not more than 4 z. of the two being used through a period of two or three weeks" were the cause of the trouble. Dr. Parker then made some remarks on the use of vaseline injections for the cure or correction of deformities of the face.

Dr. Hess reported a case of **acute leukemia**. Dr. Davis reported a case of rupture of 2d division of right bronchus in a case of pneumonia.

Dr. Butts reported a case of **typhoid**, beginning as a lobar pneumonia; severe nose bleed, and followed by severe pleurisy.

Dr. Harpole reported a series of cases of **tuberculosis** in which seven deaths resulted in persons who were absolutely free from any hereditary trouble of the kind, and all the trouble and deaths occurring in a period of two years. Dr. Green reported a case of a boy who, until he was 8 years old, had had 8 fractures, and who had a sister 5 years old who had had 3 fractures, and that the father and an uncle had had many fractures.

Dr. Green also reported several cases of **ice water disease**. Seen in firemen on lake vessels, the symptoms being mainly an obstinate diarrhoea.

Dr. Williams reported a case of **paralysis** in a young man apparently healthy in which the diagnosis as to the cause of the trouble could not be definitely determined.

Dr. McGonagle reported a case of **prostatic trouble**. Time nor space would permit me to give a full report of anyone of these cases, as they were all well reported and full of interesting and instructive points.

Dr. Weir extended to all present an invitation to visit Englewood Union Hospital, and to bring cases there and treat them as required.

Thos. C. McGonagle,
Official Reporter.

The Pana Physicians, to the number of fourteen, on invitation of Mrs. J. J. Conner assembled November 22d, for a banquet. Dr. Conner acted as toastmaster and called on each one present for a response. The program follows:

Dr. Eberle.

"I do not give you to posterity as a pattern to imitate, but as an example to deter."—(Junius.)

"**The Fraternity**"—Dr. Huber.

"Then come the wild weather, come sleet or come snow, we will stand by each other, however it blow."—(Simon Dach.)

"**State Supervision**"—Dr. Danford.

"And though authority be a stubborn bear, yet he is often led by the nose."—(A Winter's Tale.)

"**Fads**"—Dr. Corley.

"We should not be the first to discard the old, or last to accept the new."—(R. Edwards.)

"**The Fee Bill**"—Dr. Miller.

"You tell y're doctor that y're ill,
And what does he but write a bill."

"**Retrospection**"—Dr. Eddy.

"We cannot overstate our debt to the past, but the moment has the supreme claim. The past is for us; but the sole terms on which it can become ours are its subordination to the present."—(Emerson.)

"**Prejudice**"—Dr. Beatty.

"He hears but half who hears one party only."—(Aesculus.)

Post Graduate Instruction—Dr. Eberspacher.

"A little learning is a dangerous thing;

Drink deep or touch not the Pierian spring;

Their shallow draughts intoxicate the brain,

And drinking largely sobers us again."—(Pope.)

"**Recreation**"—Dr. Fringer.

"Of recreation there is none so free as fishing is alone;

All other pastimes, do no less

Than mind and body both possess;

My hand alone my work can do,

So I can fish and study too."—Basse.

"**Friendship**"—Dr. Dowell.

"Great souls by instinct to each other turn,

Demand alliance, and in friendship burn."—Addison.

"**Amenities**"—Dr. Reid.

A physician recently received the following call for his professional services: "Dear Doctor: My wife's mother is at death's door. Please come and see if you can't pull her through."

"**Aspirations**"—Dr. Broering.

"My wants are many, and if told,

Would muster many a score;

And were each wish a mint of gold

I still should long for more.—

J. Q. Adams.

"**Thanksgiving**"—Dr. Gilbert.

"Some hae meat that canna eat,

And some would eat that want it;

But we hae meat, and we can eat,

Sae let the Lord be thankit."—(R. Burns.)

J. J. Conner acted as toastmaster and made many timely hits. This is the first occasion of the kind in Pana, but was so enjoyable that it will likely be followed by others.

The St. Clair County Medical Society held its regular quarterly meeting at Priester's park on December 5th, with President Kohl in the chair.

The minutes of the preceeding meeting were read and approved.

John A. Grimes of E. St. Louis and J. W. Twitchell of Belleville were elected to membership in the Society.

"The St. Louis Clinique" was made the official organ of the Society.

It was decided to hold a social meeting at Priester's park during the second week in January with a musical program and refreshments.

Dr. Rembe presented a specimen, consisting of a tube and ovary from a case of **ectopic gestation** and made a very interesting and instructive report thereon. Being called in consultation he found a woman in extreme prostration; apparently exsanguinated; pulse 155 and a sub-

normal temperature. A vaginal examination showed a bulging in the cul de sac of Douglas; there was flatness at the sides of the abdomen on percussion. The history given was that the woman had been menstruating about seven days, and on the previous day had experienced a sudden and severe pain at which time she fainted, remaining unconscious. A diagnosis of ectopic pregnancy was made and a surgeon called in and an operation done within a few hours. No blood escaped from the incision of the integument, and on opening the abdomen a large quantity of clotted blood was scooped from the cavity. On the left side the tube was found enlarged, and with a rupture near its fimbriated extremity from which the haemorrhage had come. The tube was tied at its uterine connection and it was then severed. Both ovaries were removed and the patient made a good recovery.

In another case of this character the woman had suffered a fall and at once experienced a violent and sudden pain, became speedily unconscious and remained so, being unable to give any account of the accident. This patient had also lost much blood and had a rapid pulse with but slight rise of temperature. This was diagnosed as ectopic pregnancy with rupture operation was done and the woman recovered.

In making a diagnosis in these cases the rapid pulse, with normal, or subnormal temperature, flatness at sides of abdomen; bulging into vagina; together with evidences of great loss of blood are sufficient to establish the nature of the ailment. In the last case the pulse was 155 at the time of operation and fell about 15 beats daily, until it reached normal.

Dr. Wiggins. This case opens up a wide field for thought. It is more than probable that many cases of this kind terminating fatally within a few hours, are attributed to heart disease, or to apoplexy. This would be true of those cases where a large blood vessel had ruptured. I remember a case where a woman fell on the street and was carried into a drug store. I was summoned and responded immediately, but when I arrived the woman was dead. This case was probably one of this character, though it is difficult to distinguish these cases where death has already occurred from those due to apoplexy.

I have had four of these cases of ectopic pregnancy. One of these was a woman who had been married two or three years. Menstruation had been regular. Had only once gone beyond her time. Was taken with sudden and severe pain in left side. Examination revealed local tenderness and a distinct bulging in cul de sac. Uterus enlarged and os patulous not virginal. Diagnosed ectopic pregnancy. Patient went to term and was then operated upon and recovered.

Dr. Kohl. The chief points in diagnosis are the sudden and acute pain, rapid pulse without rise of temperature, and the flat percussion note at the sides of abdomen and the bulging into Douglas' cul de sac.

Dr. Wiggins made a very lucid and entertaining talk on the *anatomy of the heart* illustrating by diagrams the simplest method of gaining and retaining a knowledge of the

several chambers of the heart, and of the foetal and adult circulation.

B. Portuondo,
Official Reporter.

The Sangamon County Medical Society met in regular session Monday evening, December 9th., in the court house, L. C. Taylor, the president, in the chair. The minutes of the annual meeting were read and approved. George Southwick of Beamington, and J. W. Cantrall of Rochester, were elected to membership. G. N. Kreider, from the auditing committee reported that books of Treasurer, Percy L. Taylor, had been examined and found correct; on motion the report was adopted. Bills of Phillips Bros., Coe Bros., and the secretary, were read and referred to the executive committee.

The literary exercises were opened by an extensive paper on spinal anesthesia, by A. P. Condon, detailing the history of the discovery, development and present status of this method of producing anesthesia. The paper appears in full in this number of the *Journal*. In opening the discussion Dr. Kreider commended the author for the excellence of his paper; continuing, he said it was much to be regretted that while the discovery of spinal anesthesia was made by an American, its development had been left to foreign scientists. He thought as much caution should be used in watching the patient after spinal anesthesia as after any general anesthetic, and that a patient should not be allowed to go any distance nor should he be left alone. He had no personal experience with the method, but thought it valuable and would probably use it in properly selected cases. Dr. Hopkins admitted that spinal anesthesia has its disadvantages just as ether, chloroform and other anesthetics, but that it is specially indicated in cases of valvular disease of the heart, advanced kidney lesions and in such other conditions where ether and chloroform cannot be used. By this method nearly the whole body may be anesthetized so that operations may be made on the face while the patient is conscious and can materially assist the operator by avoiding the swallowing of blood, while at the same time greatly lessening the danger of inspiration pneumonia.

Dr. Munson referred to a report from Paris stating that of eight deaths reported as due to results of spinal anesthesia, post mortem examination showed that in five cases causes other than the anesthetic, sufficient to produce death, were present, and of the remaining three cases no autopsy was allowed in two. Speaker thought that in spinal injuries the introduction of the anesthetic into spinal canal would be useful to relieve pain; he mentioned one case where the injection had been made once for lumbago and a cure followed. L. C. Taylor referred to the danger of drawing off the spinal fluid in cases of cerebral tumor. Dr. Dixon inquired as to untoward symptoms noted by the essayist in his experience.

Dr. Condon in closing the discussion stated that the effect of the injection of the anesthetic could not always be determined because

of the idiosyncrasy of patient, but he did not think there was any more danger in using cocaine by spinal injection than by using it hypodermatically. In his experience the untoward symptom had been vomiting and severe headache, the latter much more severe when patient was in erect posture, passing away on assuming the recumbent position. After four to six days the headache ceased.

J. A. Egan, secretary of the State Board of Health, followed with an interesting and instructive informal discussion of the new state law effective January 1st, next, requiring reports of births and deaths, recording of same, etc. Each member of the Society was provided with a copy of the bill, together with a copy of the blanks authorized by the board to be used in complying with the law. Each member of the profession throughout the state will be supplied by circular letter, issued by the State Board, with detailed information regarding the law, in which will be incorporated the substance of Dr. Egan's remarks; therefore they are not given here.

In the general discussion following Dr. Egan's remarks many of the members joined, also Dr. Collins of Decatur. All the speakers expressed the opinion that a new law was much needed and needed enforcement as well. At the present time very few births are reported and if reported are not recorded, and several instances were cited where trouble arose in regard to property rights and other questions which could have been easily determined if the birth records had been properly kept. Under the new law with the co-operation of physicians and county clerks statistics of great value will be available, as the blanks to be filled furnish the data desired by the census department at Washington. The point was brought out that there was no way to obtain the correct and exact cause of death unless the physicians so stated it in the certificate. At the present time "General Debility," "Dropsy," "Old Age" and such vague and indefinite causes of death are far too frequently given by the physicians and are of no value as statistics.

At the conclusion of the discussion Dr. Kreider introduced the following resolution which was unanimously adopted:

Resolved, "That the members of the Sangamon County Medical Society view with satisfaction the initiation of a new law regulating the registration of births and deaths in Illinois and pledge to the State Board of Health and the local authorities their hearty support in its enforcement."

Owing to the lateness of the hour Dr. Buck's paper on "life insurance examinations," was, by his consent, postponed until the January meeting when it could be more fully discussed. There being no further business the Society adjourned.

F. B. Fisher,
Official Reporter.

The Southern Illinois Medical Association held its 27th semi-annual meeting in Carbondale, November 21st and 22d.

The meeting was called to order by President O. A. Dean of Campbell Hill at 9:30 A. M.

After the invocation by Rev. Thompson, roll was called showing 50 in attendance.

J. T. McAnally, president of the State Society and mayor of the city then welcomed the association in hearty style.

W. F. Grinstead of Cairo responded on behalf of the Society in his usual excellent manner. Minutes of the previous meeting, May, 1901, Metropolis, read and approved.

A board of censors was appointed as follows:

H. C. Mitchell, J. A. Helm and C. E. Trovillion.

Many valuable papers were presented at this meeting, exciting helpful discussion in each case. They were as follows:

Causation and treatment of Endometritis with report of cases, C. E. Trovillion of Metropolis. Discussed by H. C. Mitchell, J. H. Mitchell and closed by C. E. Trovillion.

Report of some new intestinal parasites Mr. G. H. French of the Southern Illinois Normal University. Discussed by H. V. Ferrell, J. W. Hamilton, H. C. Mitchell, A. M. Lee and closed by the author.

Motion was now made to adjourn until 1:30 P. M. Carried.

The meeting having been called to order at 1:30 by President Dean. The board of censors reported favorably on the following candidates for admission to membership:

A. E. Adkins, Missouri Medical College, 1887, Metropolis; D. D. Hartwell, P. and S. St. Louis, 1901, Marion; C. W. Turner, P. and S. St. Louis, 1898, Harrisburg; E. W. Brooks, Barnes Medical 1901, St. Elmo.

Motion to accept the report of the board of censors and declare the candidates elected. Carried.

Motion to extend to Dr. Dunn the courtesies of the Society until such time as his pending application could receive attention. Carried.

Some of the therapeutical uses of glyco thymoline by H. C. Mitchell of Carbondale, was the next paper presented. Discussed by A. C. Corr, D. W. Dunn and closed by the author.

Massage as a therapeutic measure. The masseur and his relation to the profession by Lucinda H. Corr of Carlinville, next claimed attention and evoked spirited discussion by W. F. Grinstead, J. H. Mitchell, C. M. Galbraith and as usual closed by the author.

Rheumatism as an etiological factor in inflammations of the so-called waldyer's ring, W. B. Shields of St. Louis. Discussed by J. H. Mitchell, D. W. Dunn and closed by author.

Septicemia the result of mammary abscess, F. M. Agnew of Makanda, report of a very interesting case discussed by John Keese, D. W. Dunn, A. T. Telford, C. E. Trovillion, H. V. Ferrell and closed in the usual manner.

Ventral Fixation by R. E. Wilson of St. Louis, was the next number discussed by J. L. Whitlock, W. F. Grinstead and closed by author.

Ten cases of **malarial hematuria** by M. L. Winstead of Wetaug, was next in order, and excited lively debate, by H. V. Ferrell, J. W. Hamilton, W. H. Keese, A. M. Lee and closed by author.

Motion was now made to adjourn until 9 A. M. Friday, November 22d. Carried.

Before adjournment all members were pre-

sented with complimentary tickets for themselves and wives to hear that incomparable lecturer, John Temple Graves, this being the entertainment tendered the association by the profession and citizens of Carbondale.

Friday, Nov. 22, 1901.—Called to order at 9 A. M. Motion to suspend the scientific part of the program and proceed to the business of the meeting. Carried.

The report of the secretary being called for was read, showing bills to the amount of \$23.50, incurred for this meeting.

The report of the treasurer being read, same showed on hand at the beginning of the meeting \$299.25, and a general flourishing financial condition of the Society.

The proposed new constitution and by-laws was read and amendments offered.

The school of graduation shall be no bar to membership in this Society, providing such physician is recognized by the local Society and does not profess to practice any special system of medicine. Carried.

Amendment to Article 4 to read: First Thursday in November and continuing two days. Carried.

Amendment to Article 2, that there be added to the list of officers: First and second vice-presidents. Carried.

Motion to adopt the constitution as a whole as amended. Carried.

Resolution offered. Be it

Resolved, That a committee be appointed consisting of the president, secretary and treasurer, whose duty it shall be to have printed in convenient pamphlet form, 500 copies of the new constitution and by-laws and mail a copy to each member of the Association, the remainder to be supplied to new members as they are added at future meetings. Be it further

Resolved, That this pamphlet shall combine a copy of the code of ethics of the American Medical Association, a roster of the present membership of this Society, a sketch of the first meeting of the doctors of "Egypt" at Jonesboro in 1875, which organized this Association. Also a roster of former presidents, secretaries and treasurers with years of their official service. Carried.

Motion the secretary cast the unanimous vote of the association for the present officers for the ensuing year. Carried.

A motion was made, carried, reconsidered and finally tabled to instruct the president and secretary to call a meeting of this association for May, 1902.

A cordial invitation was extended the Association to meet in Centralia or DuQuoin, both of which towns were anxious to secure the next meeting. By vote Centralia was selected as the next meeting place.

The board of censors reported favorably on the following applicants: Oliver L. Daniel, Hospital College Medicine, 1896, Murphysboro; Wm. L. Johnson, Missouri Medical College, 1897, Aiken; C. G. Smith, Hospital College Medicine, 1892, Red Bud; H. D. LaRue, Miami Medical College, 1897, New Burnside; James H. Coleman, Nashville Medical College, 1882, Carter-

ville; G. C. Adams, St. Louis, P. and S., 1898, Centralia; D. Winton Dunn, American Medical College, 1890, DuQuoin.

Motion the report of board of censors be received and the applicants declared elected. Carried.

Pseudo myopia by Jas. W. Dunn of Cairo, was the next paper to claim attention. Discussed by G. C. Adams, A. C. Corr and closed by the author.

A case of **hydrophobia** by J. W. Hamilton. Discussed by J. R. Sanders, W. F. Grinstead, O. B. Ormsby, A. R. Silvey, W. H. Keesee and closed by author.

Motion to adjourn until 1:30 P. M. Carried.

Call to order at 1:30 P. M. by the president.

Placenta Previa by J. A. Helm of Metropolis. Discussed by J. W. Hamilton, C. G. Reagin, A. R. Silvey, J. L. Whitlock and closed by the author.

Anatomy how to teach, how to learn and how to retain by J. L. Wiggins of E. St. Louis. Discussed by A. R. Silvey, A. C. Corr, W. H. Keesee, A. M. Lee, A. T. Telford and closed by the author.

Motion that papers and letters from absentees be left in hands of secretary for use of journal and reply. Carried.

Motion we extend a vote of thanks to the profession and citizens of Carbondale for the hearty welcome accorded us. Carried.

Motion to adjourn. Carried.

O. B. Ormsby,

Official Reporter.

The Chicago Ophthalmological and Otological Society met in the Columbus building, December 10th, with the President, Dr. Wood, in the chair.

Minutes of the previous meeting were read and approved.

L. E. Schwartz, David Salinger and A. L. Adams were elected members.

Dr. Gardiner reported an unusual result in a case of **iritis**.

W. H. Wilder reported a case of **foreign body in the orbit**.

W. H. Peck narrated a case of **melanosarcoma of the ciliary body**.

Dr. Hawley reported two cases of **removal of steel from the lens**.

Casey Wood reported a case of **crypto-glioma**.

Henry Gradle showed a patient with **bitemporal hemianopsia**.

These cases were discussed by Drs. Hotz, Hale, Allen, Gardiner, Young, Wilder, Pusey, Wescott, Wood, Peck, Snyder, and Gradle.

On motion, the Society adjourned.

C. P. Pinckard,

Official Reporter.

The Chicago Gynecological Society held a regular meeting Friday evening, December 20th., President Lester E. Frankenthal in the chair. Rueben Peterson, of Ann Arbor, presented a specimen of a large **multilocular sarcoma of the abdominal wall**. He also exhibited a **large spleen** that had been removed from the pelvis of a very fat woman. He also showed

a large sac of an ovarian cyst that before its removal had been ruptured by the manipulations of an osteopath. There had been a free hemorrhage into the abdominal cavity. In all of these cases recovery was uneventful.

L. E. Frankenthal reported a case of eclampsia similar to the case reported by him at the last meeting of the Society. (See Ill. Med. Jour., vol. 51, page 343.) This case like the one previously reported was interesting from the fact that the patient had been under constant observation and the urinary excretion had shown no sign of albumen nor deficiency in urea.

F. E. Pierce read by invitation a paper on "chorio-epithelioma malignum." The writer stated the most important facts concerning the history of the discovery and study of this interesting tumor, beginning with Saenger's report on deciduoma malignum in '88 and tracing the development of our knowledge till Marchand's paper in '94.

He then referred to the work that had been done to discover the origin of the epithelial layers of the chorion and concluded that Peter's study of the young human ovum has established the fact that both of the epithelial layers, namely the syncytium and the layer of Langerhans are of foetal origin. The tumor itself is undoubtedly due to the growth of these cells. The symptoms and diagnosis were described and the treatment stated to be removal of the uterus if, the diagnosis could be established. The subject was discussed at some length by J. Clarence Webster who after referring to the interest and importance of these tumors, referred to our ignorance concerning the etiology and pathology and held that a knowledge of the normal placenta was absolutely essential before beginning the pathological study. He expressed the belief that both layers of the chorion are genetically the same and of foetal origin. C. S. Bacon referred to the tendency of these growths to penetrate and destroy the uterine wall and the importance of remembering this fact in making diagnostic curettement. Emil Ries showed microscopic specimens of islands of cells from the Langerhans layer located deep in the muscularis sometime after an abortion.

These were found by curettement and their non-malignant character was proven by the benign course of the case. It shows the difficulty of diagnosing a malignant tumor from the microscopic findings of foetal epithelium. Ries himself holds however, that malignancy can be predicated in any case where there is a proportionally large amount of syncytium. The value of this diagnostic point was doubted by Webster unless a thorough examination of a considerable quantity of scrapings was made.

C. S. Bacon, Official Reporter.

The Chicago Pathological Society met November 11th.

The histo-pathology of the pancreas in diabetes mellitus by Maximilian Herzog who says that V. Mering and Minkowski proved that complete extirpation of the pancreas in animals produced diabetes mellitus.

The demonstration of this fact resulted in

a study for specific changes in the pancreas in diabetes.

The islands of Langerhans in most cases show specific changes.

Normally the islands of Langerhans consist of more or less spherical or irregular masses of cells found inside of the secretory acini, being separated especially in man, by a very fine connective tissue membrane.

The islands are not connected with the secretory ducts of the pancreas. The arrangement of the elements of the islands has suggested strongly the belief that they may furnish an internal secretion, probably connected with the sugar metabolism of the body.

Scobolew examined the pancreas in two cases of diabetes and failed to find islands of Langerhans. Opie found in one case an increase of the interstitial connective tissue throughout the organ. Within the islands was a homogeneous material staining with eosin.

Weichselbaum and Stangel examined the pancreas in 18 cases of diabetes. In most every case death ensued in consequence of coma diabeticum. In all of the cases except one, the pancreas showed microscopically evidence of atrophy, in one case no microscopical or necroscopical changes could be found, but the post-mortem revealed a large cerebral glioma.

The islands of Langerhans showed more or less change in every case, their number being diminished.

The finer changes in the islands are described as follows: In two cases hemorrhages were found in the insular tissue. Many islands were diminished in size in various degrees. They were narrow and irregular as if compressed. The protoplasm of the island cells is slender, thin, or even decreased to mere filaments and granules. Often all of the cell bodies were so narrow that the nuclei are crowded and much nearer to each other than normally, frequently the nuclei themselves are smaller and more oval and take a deeper stain than normally. The connective tissue of the islands is increased. There is created a picture which reminds one of obliterated renal glomeruli. The glandular acini proper show no changes.

Four cases are reported by Herzog, similar findings to those described above were found.

Sections of a glioma of the retina stained by Mallary's neuroglia stain, was presented by Brown Pusey.

Malaria and anopheles in New England was presented by Edwin O. Jordan who states that the attempt to prevent malarial infection by mosquito will not meet with success unless a complete understanding of the development and ecology of the anopheles is had. Anopheles are present in the New England states.

Only 6 adult anopheles were captured in and about the house occupied by the writer as against 127 specimens of the culex taken under the same conditions. Larvae and pupae, however were found in a number of places. Anopheles larvae were found most often in unshaded waters. Ground waters that are rich in nitrates favor their development. The Anopheles are surface feeders, while the culex derive their food near the bottom of the stream.

The Chicago Medical Society held meetings and presented programs during the month as follows:

November 27th—Program.

1. Consideration of some important subjects connected with the treatment of pneumonia (being the presidential address of the Chicago Society of Internal Medicine.)
Edward F. Wells
2. Cases of pleurisy with more or less permanent pneumonia induration—Are they tuberculous?
Robert H. Babcock
3. Some consideration of septic pneumonia
Frank Billings
4. Arthritis deformans in child with universal adenopathy (membership thesis).
A. F. Lemke

Applications for membership were received from Lawrence Ryan, Charles M. Robertson, Frank V. Luse and Mamie A. Paulson.

The membership committee reported on the applications of A. P. Ohlmacher, H. R. Boettcher and Daniel H. Cunningham.

December 4th—Program.

1. Demonstration of a case of syphilis hereditaria tarda, with skiagraphs
M. Friend
2. Infant incubation and incubators; with the presentation of a new incubator and description of the system at the Chicago Lying-in Hospital.
J. B. De Lee
3. Presentation of cases of aortic aneurysm
R. B. Preble
4. Finsen's phototherapy
P. C. Clemensen
5. The supposed finding of filaria embryos in the urine
J. L. Miller
6. Demonstration of a Lipomatous kidney, with report of nephrectomy
S. Dahl

The membership committee reported on the applications of L. Ryan, C. M. Robertson, F. V. Luce, and Mamie Paulson.

Applications for membership were received from A. Davis, G. A. Torrison and S. Eisenstaedt.

December 11—Program.

- J. H. Carstens, of Detroit, Mich., delivered an address on "The Conservative Treatment of Appendicitis."
- Discussion by C. Fenger, J. B. Murphy and A. J. Ochsner.

Application for membership was received from Wm. B. Whitaker.

December 18—Program.

1. Indications and limitations of massage of the prostate gland.
L. E. Schmidt
- Discussion by Wm. T. Belfield and J. J. Quirk.
2. Fatal false passage in hypertrophy of the prostate gland. Pelvic abscess and embolism of the pulmonary artery.
M. Herzog
3. The tuberculin reaction with report of cases.
C. M. Wood
4. The diagnosis of latent inflammation of the frontal sinus.
G. E. Shambaugh

The membership committee reported on the applications of A. Davis, G. A. Torrison, S. Eisenstaedt, and Wm. B. Whittaker.

Applications for membership were received from M. G. McEwen, H. E. Allen, C. E. Swan and W. B. Holden.

Additional Form of Application.

For active membership in the Chicago Medical Society by those who have professed to practice medicine according to a dogma.

In consideration of my application for active membership in the Chicago Medical Society, made..... 190...., and in view of the fact that I have practiced medicine according to the doctrine of the.....
.....school, I hereby agree that in the future I shall not profess to practice according to this or any other dogma; neither shall I form or maintain affiliation with any institution or society of any kind whatever which countenances or supports such doctrine or dogma.

.....M. D.

F. R. Walls,

Official Reporter.

A regular meeting of the Chicago Neurological Society was held October 24th. Hugh T. Patrick in the chair.

H. Gradle presented a patient with bitemporal hemianopsia and discussed the probable site and nature of the lesion causing the symptom.

Dr. Patrick presented a patient who was believed to have *myasthenia gravis*. He was a negro (not pure) twenty-five years of age, a cooper, and had been practically well until five years ago when the present trouble began. He first noticed weakness of the arms when at his work, which weakness soon involved the legs and was accompanied by a dull ache or feeling of intense fatigue. He early noticed that a short rest would relieve the symptoms, which would then reappear after a few minutes of work. He gradually grew worse and had been able to do no work whatever for three years. The most striking symptom was a generalized myasthenic condition present to some extent at all times, but enormously increased by a short period of activity. For instance, after a rest he could start off at a brisk rate and with almost a normal gait but would rapidly weaken and after walking about a block be compelled to come to a standstill. After a short rest he could again proceed as before. There was no particular involvement of limited groups of muscles as has been the rule in reported cases. The muscles about the shoulders and neck and the pelvo-femoral group seemed to be weaker than others but the eye muscles, face muscles and muscles of mastication, although not vigorous, were not weaker than those of the extremities. The myasthenic electric re-action was present to a very limited degree and the deep reflexes also showed some slight exhaustion after being rapidly elicited twenty or thirty times. As the blood, urine, feces and all the thoracic and abdominal organs were normal and there were no conclusive evidences of organic involvement of the nervous system, the author was driven to a diagnosis of *myasthenia gravis*.

In his thesis upon the lesions of the *conus medullaris* and *cauda equina*, Bertram W. Sippy said, in brief, that the symptoms produced by

their disease, are well defined; but may be readily overlooked unless one is familiar with the clinical picture produced.

It is desirable both clinically and anatomically to limit the conus medullaris to the third, fourth and fifth sacral and coccygeal segments. Disease of those segments of the cord show characteristic sensory and motor disturbances. Sensation is impaired in an area symmetrically distributed which involves the integument of the penis, scrotum, perineum, anus, inner aspect of the buttocks, and posterior surface of the thighs. The sensibility of the mucous membrane of the penis and rectum may also be dulled. If the lesion is sufficiently destructive, the muscular power of the bladder and the rectum may be seriously impaired, sexual power lost and bed sores may develop.

Lesions of certain fibres of the cauda equina may produce a clinical picture very similar to that of conus disease. It is extremely important to be able to recognize and differentiate the two conditions since caudal disease may often be amenable to surgical treatment. The essayist reported nine cases in which disease of one or the other of these structures was involved. The etiological factors included, focal myelitis, tumor of the conus, spinal column injury, tumor of the vertebrae, and tubercular spondylitis. The symptoms of the conus lesions were observed in one case of tabes. Autopsy was held on the case in which tumor of the conus existed.

The areas of anesthesia in those cases in which the adjacent cord was involved showed a striking similarity, and did not correspond accurately to the areas previously mapped out by others who have contributed to the subject of spinal localization. The general resemblance, however, was very close.

A few of the more important points given in differential diagnosis between diseases of the cauda equina and conus medullaris are here appended.

Except when due to trauma, disease of the cauda usually develops slowly producing symptoms more or less characteristic of "root disease." Pain upon movement is first felt in the lower extremities. Later the pain becomes spontaneous and persistent with exacerbations. Subsequently, anesthesia develops. If the lesion is uniform compression of the cauda, the cutaneous distribution of its central fibres are the first areas affected. Bladder and rectum symptoms may appear early and are usually present before anesthesia becomes pronounced.

Motor weakness is present in proportion to the pressure on the motor fibres and as a rule, does not appear until pain has become a prominent feature.

The paralysis is characterized by loss of muscular tone. At onset, reflexes may be exaggerated, later, they are lost. Atrophies may develop. The electrical re-actions may be altered. Decubitus has been noted.

Disease of the conus is characterized by the sensory and motor symptoms previously described. In addition, the symptoms are likely to develop rapidly. Sensation may not be disturbed alike for all qualities. The pain and temperature sense is likely to be more seriously affected than touch sense.

Pain is absent. Decubitus is more likely to occur than in caudal disease.

Above all that which characterizes disease of the cauda, is pain. In a given case the absence of pain speaks directly for the conus lesion.

In the discussion which followed Dr. Patrick's paper, Dr. Lodor enquired of the mental condition of the patient, as to whether speech was slow and intellection sluggish. Dr. Sippy asked whether there were not present some symptoms of Addison's disease and whether the tension of the pulse had been noted. Dr. Goodkind called attention to the fact that no mention was made of the condition of patient's voice.

In reply Dr. Patrick stated that while the man's voice was not strong and speech was slow, intellection seemed normal and that there was no bronzing of the skin discoverable and the pulse was soft and normal.

In discussing Dr. Sippy's paper, Dr. Kuh said that in all acute cases of segmental cord lesions low down, the diagnosis was made from symptoms as given at the outset and was very usually wrong as the symptoms at first indicated a larger lesion than subsequently appeared. In making a differential diagnosis between conus and caudal lesions it is important to remember two symptoms, pain and disturbances of motility. In conus lesions there is less pain and more disturbance of motility while in lesions of the cauda equina, the reverse is true.

Dr. Barker asked Dr. Sippy whether in his various cases, the overlapping of the terminal cutaneous nerves could be demonstrated. Dr. Sippy replied that while each area of skin contained fibres from the separate segments of the cord, the overlapping was in the roots and not in the segments. He also stated that disturbances of pain and temperature were more sharply outlined than touch.

Dr. Patrick cited two cases where the anesthesia ran down the back of the leg in a continuous strip.

Chas. H. Lodor,
Official Reporter.

The Chicago Neurological Society met November 21st. Functions of the Cerebellum. Lewellys F. Barker, at the suggestion of the secretary, referred to the development of knowledge on the subject and its present status. The views held by Haller, Rolando and Weir Mitchell (cerebellum as a center of muscular energy), by Flourens and Wagner (cerebellum as a center of co-ordinating voluntary movements), by Gall (cerebellum as a center of sexual passion), and by Lussana (cerebellum as a center for muscular sense) were successively mentioned. The careful studies and experiments of Luciani were taken up in some detail and the opinions of the Italian investigator upon the sthenic, tonic and static action of the cerebellum reviewed; the re-searches of Ferrier, Schiff, Risien Russell and Thomas were referred to. The weight of evidence at present is in favor of the view that the cerebellum is above all an organ upon the integrity of which the maintenance of normal equilibrium, under ordinary circumstances, depends.

An analysis of the cases in human beings

in which the symptoms seen during life could, as a result of post mortem examination, fairly be referred to atrophy of the cerebellum, shows that the cerebellar symptom—complex as met within man—corresponds very closely to that producible experimentally in animals.

The structure of the cerebellum was described at some length, the description being couched in terms of the neuron conception. The central neurons of the cerebellum, as well as the cerebellopetal and cerebellofugal conduction paths were discussed. The speaker expressed the opinion that a large part of the confusion existing among clinicians with regard to the nomenclature of nervous diseases depends upon the effort which is so often made to classify diseases according as the lesions accompanying them are distributed chiefly in one or another of the coarser macroscopic sub-divisions of the central cerebro-spinal nervous system. The time was past, he thought, when we could satisfactorily use the terms, "diseases of the spinal cord," "diseases of the cerebellum," etc., as headings under which to group the special diseases. A much more rational classification is that based upon the conduction paths and sets of neuron systems involved in the pathological process. Thus diseases in which the systema neuronicum spino-cerebellare dorso-laterale is degenerated affect the cerebellum as well as the spinal cord. The macroscopic sub-divisions of the central system are so intimately connected with one another by means of neuron chains and neuron complexes that a separation of the diseases of one from diseases of another is, as a rule, futile.

When one considers the large number of neuron systems connecting the cerebellum with the spinal cord and rhombencephalon on the one hand, and with the cerebrum on the other, the number of possible permutations and combinations as regards lesions is seen to be very great. Why should not the clinical picture presented in different cases of diseases affecting the cerebellar neurons be extremely variable? The wonder is not that we have different types of disease which are somewhat closely allied to one another; it is much more that the clinical pictures presented in the various cases are so much alike as clinicians assert, that they are. Possibly, when our methods of clinical differentiation have become more refined, we shall be able to speak more confidently than we can at present with regard to the exact neuron systems involved in a given case, or series of cases.

Hugh T. Patrick read a paper entitled **hereditary cerebellar ataxia** with report of a case. The affection was introduced into the nosology of nervous diseases by Marie in 1893. He based his assertions of a clinical and pathological entity upon cases reported by Fraser, Nonne, Sanger Brown and Klippel and Durante. Patrick showed that while there was some resemblance between all of these cases and each group remained reasonably constant to its own type, they did not sufficiently agree either in clinical manifestations or pathological anatomy to constitute a well-defined type. A brief review was given of cases published since 1893 and the same lack of adherence to a fixed

type clearly illustrated. Microscopic examination of cases subsequent to the paper of Marie have tended to disprove rather than prove his claims that the pathology of the disease is found in atrophy of the cerebellum, the most striking changes having been found in the cord, in the shape of combined sclerosis very similar to that of Friedreich's disease. The author's own case was the second in the same family and presented in addition to the signs said to be those of hereditary cerebellar ataxia, marked mental deterioration. Dr. Patrick thought that the whole group of cases including Friedreich's disease, the group selected by Marie and similar cases reported by others, should be considered as related to each other and dependent upon degeneration of several tracts, both afferent and efferent, having to do with the function of the cerebellum.

Sanger Brown agreed with Dr. Patrick in asserting that Marie was not warranted in making the statements that he did; still in taking a broader view of the subject, and in accordance with the theory advanced by Dr. Barker, it was not a bad designation to refer to this disease as hereditary cerebellar ataxia. Marie was perhaps warranted in saying that in this disease the functions of the cerebellum were conspicuously involved. Whether the in-co-ordination means an involvement of the cerebellum, he did not know definitely, but that was the popular idea entertained by the profession. He thought there was a marked difference clinically between the series of cases that he reported and the series first reported by Friedreich, particularly as to the onset and progress of the disease, and that it was well to make a clinical distinction. There might be a variety of types of the disease in certain families; that is to say, certain parts of the central nervous system would show at a certain age defects, and he did not think the time had come when it was safe to classify these lesions under very hard and fast lines.

Referring to the remarks of Dr. Barker, it was well established that the functions of the cerebellum, judging from experiments upon animals, could be vicariously performed fairly well. If certain neurons connected with the cerebellum undergo injury or degeneration, if the disease was limited to particular neurons, or if the cerebellum was mainly at fault, the patients would not become progressively more and more ataxic. In the series of cases reported by the speaker, the patients became progressively more and more ataxic. They became somewhat weak, but if they could use other parts of the nervous system, they certainly had years to get over that particular defect, but they became steadily worse.

Regarding the case of Dr. Patrick, he agreed with him in many respects, although he was impressed with what James Collier and someone else stated in **Brain** some three or four years ago, in an elaborate report on diplegia, in which was reported a case similar to the one detailed by Dr. Patrick, only the cerebellum did not seem to be attacked so markedly in their case. He thought it could be classified with other cases, if it was assumed that the func-

tions of the cerebellum were more markedly disordered, or that the degeneration extended to the cortex of the cerebellum as well as the cerebrum.

Sydney Kuh pointed out some slight discrepancies which exist between the results of experimental work as to the functions of the cerebellum and clinical experience. The result of experiments would seem to show that the tendon reflexes are exaggerated after injuries to the cerebellum. It was known from clinical experience that there is no localization of a lesion within the cranial cavity which is so frequently associated with loss of the deep reflexes as a cerebellar lesion.

As to the influence of the vermis, when he studied medicine he was taught that any part of the cerebellum might be destroyed without the manifestation of any symptoms, with the exception of the vermis. He had had occasion to examine the cerebellum of a patient who had been under the observation of Vierordt and his assistant for physical diagnosis. The patient was an old man, who came complaining of violent pain, and upon examination they found a tumor of the liver. The patient's age and appearance justified a diagnosis of carcinoma of the liver. Patient was under observation and treatment for a long time. He was perfectly safe in stating that no such symptoms as cerebellar ataxia or any gross nervous symptom could have been overlooked by these two gentlemen. The patient was treated with hypodermics of morphine. The case seemed absolutely hopeless, and nothing but symptomatic treatment was possible, and after one or two doses of morphine the patient became comatose, and died.

Post mortem examination revealed, instead of carcinoma of the liver, secondary to a supposed carcinoma of the stomach, a large angiosarcoma of the liver. On opening the cranial cavity an angio-sarcoma of the cerebellum was found. The tumor had destroyed practically everything of the vermis superior, the layer covering it being hardly any thicker than an ordinary card. It did not seem to the speaker that very much of the function of that portion of the nervous system was preserved. It is true, the tumor, as it appeared at the post mortem, was undoubtedly larger than it had been a short time before the patient's death, because death was largely due to hemorrhage into the tumor.

He was particularly pleased to hear what Dr. Barker had to say regarding the present classification of nervous diseases. Even if we knew nothing about the neurons, or the anatomy of the nervous system, clinical experience alone should have taught members of the profession long ago that there is no such a thing as peripheral, spinal or cerebellar disease, and in spite of the anatomical re-searches extending back to the time when physicians hardly dreamed of a neuron that showed involvement of the nervous system in certain diseases, they are still classified in the same way.

Daniel R. Bower said it was impossible to make fine distinctions between several forms of hereditary cerebellar ataxia. However, this was still being done by some neurologists. He

reported at his clinic at the county hospital a year ago a case that manifested certain symptoms suggestive of hereditary cerebellar ataxia, for the reason that the cerebellar connections were in some manner interfered with. It was not an ordinary case, inasmuch as the reflexes were so exaggerated, the eye symptoms pronounced, and the gait more like the gait attributed to cerebellar disease; therefore, he called the case one of cerebellar ataxia.

Elbert Wing agreed with Barker in regard to the nomenclature of diseases. Physicians had been too exact in giving names to diseases, and in describing exactly the different pathological locations. A classification such as Barker had alluded to was necessary in clinical work. The old classification would be gradually abandoned, as more definite knowledge was obtained.

Hugh T. Patrick said, in referring to the paper of Barker, that five or six years ago in writing an extended review of a monograph on hereditary cerebellar ataxia, he tried to express the same views that were presented by Dr. Barker, but did not do it so well, in that he tried to say, in all probability, the various diseases, including Friedreich's disease, were caused by progressive degenerative changes in nerve structures which were associated in function, and that the inception of the disease would vary in accordance with the particular set of neurons first involved. The clinical picture varied in accordance with the direction in which the disease progressed, and its extent. This was the conception which is taken now of a variety of cases including those in which the mental deterioration is considerable.

L. Barker stated, in connection with the progression of the symptoms in the cases suggested by Brown, beginning in youth, that the cerebellar disease ought to be compensated for largely by the vicarious activity of other parts. It must be assumed that disease is not stationary, and that, in all probability, group after group of neurons becomes involved, and those standing nearest in function and relation are most likely to assume vicarious function. He agreed with C. Wing in regard to attempting to localize or ascribe things exactly to one organ. On the other hand, he believes we will not be far wrong in attempting to localize diseases more exactly than we have heretofore by systems of neurons and conduction paths. An effort should be made in every case to correlate the clinical symptoms with changes in the neuron systems. If it is said that such and such neuron systems are involved, and such others are intact, then make careful autopsies and study the pathology from the same standpoint, data would be accumulated which which could not be obtained by present methods.

The Morgan County Medical Society met in regular session Oct. 14, 1901.

Members present—A. L. Adams, Boone, Bowe, Black, Baker, Crane, Milligan, Josephine Milligan, Norbury, Pitner and Thompson.

In the absence of the president and vice-president, Dr. Adams was appointed to act as chairman.

T. J. Pitner—As the next meeting is the annual meeting, it would be well to discuss the way to present to each meeting the best possible program. No one should be put on for an essay without first getting a definite promise from him to fulfill his obligation and there should be more than two appointees, then a meeting need never be held without a paper.

F. P. Norbury—A program should be drafted for a full year, each essayist should be seen to get his definite promise as to when he could give a paper, what his subject would be that would give him time to work on the subject and prepare a creditable paper. The Cleveland Medical Society has a program made out for a year ahead and the plan works excellently for them and would be much better for us than our present way.

A. L. Adams—We are all interested in having profitable meetings, but we can't have them without previous work.

C. E. Black—It would be my idea to take up a line of study, one main subject with its allied branches and have the members especially interested in the subject give the papers; the program to be varied by voluntary papers on current topics and reports of cases. Each one would know long enough ahead so he could write a good paper.

T. J. Pitner—If we had a program committee they could see each member so that there should be no duplication, and the choice of subject could be left to the appointee.

E. Bowe—I have always seen or gotten the consent of the appointees to give a paper, but when the time comes they are often absent.

Dr. Crane—I suggest that the subjects for a program be made out for a year, then the members be consulted as to which subject each one prefers to write on.

C. E. Black—I make a motion that the matter of arranging a program be brought up at the annual meeting.

Motion was seconded and carried.

T. J. Pitner, as chairman of committee on water supply, appointed Drs. Black, Norbury, Adams and Baker as members of the committee.

A. L. Adams—It is necessary for us to institute a campaign of education. In reading a report of the meeting of the Business Men's Association I noticed that pure water was mentioned only by the doctors and engineer. The relation between the water supply and disease should be made clear. It would be a help to have Dr. Black's statistics on typhoid fever published now, and I make a motion to that effect.

Motion carried.

C. E. Black—We have now only the bottled water and cistern water that is fit to drink. The general public do not realize this, they are attached to their wells, into which vaults, cess pools and barn yards drain.

George Edwin Baxter was unanimously elected a member of the Society.

Names proposed for new members were Joseph Robbins and C. E. Burkholder.

Reports of Cases.

H. B. Boone—I was called to a case of a fracture of femur in a child ten years old. He

had fallen ten feet from a barn loft, fracturing the right femur at the middle third. Here in town with the hospitals it is not so difficult to look after the fractures, but in the country with no skilled help and often no member of the family willing to even stay in the house while a fracture is being reduced the matter is not so simple. The most important thing is to get good results. In this case I used a little anaesthetic while reducing the fracture, then placed the limb on a double inclined plane at 45 degrees bandaged and extension was applied by a pulley fastened to the ceiling with weights that were pails of sand.

C. E. Black—I happened to know that Dr. Harvey's case was a fracture in the middle of the femur in a child treated by the Hodgson splint, a method especially adapted for the restlessness of childhood, though as far as results go, no better than the double inclined plane. With the Hodgson splint the limb lies in wire netting, something like a hammock, the leg is held by a pulley fastened to the ceiling and allows some motion for the rest of the body.

J. A. Thompson—I have noticed in the literature a method of treating fractures in small children by holding the leg at right angles to the body by means of a pulley fastened to the ceiling. I had a case of a fracture of the femur in the upper third in a child. I used almost the horizontal position, very slight elevation, so as not to throw forward the bone of the upper part of the thigh. Good results followed.

F. P. Norbury—I wish to report a case of pleurisy recently seen. The patient, housewife, over fifty, suffered from malaria through the spring and summer from which she apparently recovered. Three weeks ago I was called to see her, as she was suffering intensely from pain over the liver, extending down to the right over the small of the back and forward over the appendiceal region. There was some fever and digestive disturbance that I thought would account for the pain. A low temperature continued, 99 to 99½ degrees. The pain was not paroxysmal, did not extend higher than the upper border of the liver. There was no chill or cough. The physical examination was negative, so no local trouble of consequence was suspected, although the character of the pain looked toward diaphragmatic pleurisy. On the fourth day of the illness dyspnoea was marked and the whole right pleural cavity was found full of fluid. The pain extended from the angle of the scapula to the hip. The heart was displaced one and one-half inches to the left. After waiting two days I aspirated and drew off sixty-two ounces of fluid that was not purulent, but was slightly bloody. All the fluid was not drawn, but the aspirating was stopped on account of intense pain and a hacking cough. As there was a suspicion of tuberculosis the fluid was sent to Chicago for examination. The microscopic report was negative, and now it is being tested on guinea pigs. The remaining fluid has been partially absorbed. There is still some pain and dyspnoea and the temperature is still 99 to 99½ degrees. No cough. Such an illness beginning obscurely in a patient over fifty is possibly tuberculous, yet such pleurisies do occur in patients having rheuma-

tism and uric acid disturbances. This patient has been subject to rheumatism. Osler gives 30 per cent. of all acute pleurisies as tubercular and some English authors give 40 per cent. If tuberculous the fluid is blood stained, and the prognosis is not favorable.

T. J. Pitner—Such pleurisies are frequently tubercular. If not tubercular the prognosis is favorable, though the recovery is tedious. The tubercular form is often seen secondary to pulmonary or general tuberculosis. Rheumatism is certainly a factor, especially in older patients. Tubercular pleurisy is more common in young people. If there is a suspicion of fluid an exploratory puncture is always advisable. This form of pleurisy comes on insidiously. A patient will come to the office complaining only of malaise and may have a pleural cavity half full of fluid. The treatment is paracentesis and drugs so that the kidneys and bowels act very freely. A second aspiration is rarely necessary if the emunctories are kept sufficiently open.

J. A. Thompson—I question which is the better treatment, aspiration or resection of a rib. I had a case that was aspirated many times; the fluid was purulent.

H. B. Boone—The patient often thinks himself not sick with this disease. I saw such a case in George Webster's clinic. Thirty to forty ounces of fluid was drawn off, the microscope showed no tubercle bacilli. The man was under observation some three months and made a permanent recovery.

T. J. Pitner—I saw a patient yesterday for the first time in four months who has presented a definite group of symptoms that is allied to **migraine**. When first seen the man had been ill five or six years, suffering from attacks of persistent vomiting, gastralgia, some headache, followed by unconsciousness that lasted several hours. There was a spasmodic action of the muscles of the left limb with extension of the great toe. The attacks had been occurring every two or three weeks, the last one before seen being the most severe, the pain only being controlled by two hypodermics of morphine a day. After the attacks there was great exhaustion and persistence of gastric trouble, the patient was constipated, urine copious at times, then scanty, sometimes painful micturition. The man was of a spare habit, neurotic constitution, aged 30, correct habits, and careful of his diet. His parents suffered from rheumatism and neuralgia. Great care would avert attacks and they were precipitated by errors in diet, getting chilled or over tired. The treatment consisted in regulating the diet, insisting on gentle exercise, bathing, friction, etc. Bitter tonics were given and the digestants that promote the flow of the digestive fluids; the irritability of the nerve centers was lessened by such drugs as belladonna and cannabis indica. The paroxysms were controlled by antispasmodics, as chloroform, camphor, etc., and with hot water. The attacks immediately became less severe and occurred at longer intervals. For four months he has had no attack, but still feels some pain on getting very tired. In all such cases it takes time to break up the habit, say six months, and the patient should be so informed, but the results are good.

H. B. Boone gave a most interesting and instructive account of **cannabis indica poisoning** in himself.

T. J. Pitner—Dr. Read also had a somewhat similar experience that is on the records of this Society. I prescribe it in an alcoholic solution or in glycerine; must be shaken, for it has a tendency to float. In this way the physiological effects are gotten and they persist. The dose of the solid extract, which is often inert, is $\frac{1}{4}$ to $\frac{1}{2}$ grain three times a day. The fluid extract is a good preparation, the dose is 2. to 4 m. three times a day. The text book doses are too large both for cannabis indica and belladonna; of the latter of the fluid extract of the root $\frac{1}{4}$ m. three times a day is enough. If a stronger antispasmodic effect is necessary give something else as a synergist, as chloroform or nitroglycerine.

F. P. Norbury—I consider cannabis indica as one of our most valuable drugs for migraine, in convalescence from acute insanity, puerperal insanity and in inebriety. I once saw a patient of Weir Michell's who came here on a visit. She had taken two doses of a prescription of his containing cannabis indica. Delusions came on and she persisted in hunting for her father in her trunk and under her bed. He had been dead 25 years. She would be sane in the mornings, but the delusions recurred at night for three or four days. The dose was only the usual one. She may have had an idiosyncrasy toward the drug. Some years later she died of mental disease.

Dr. Josephine Milligan—I find cannabis indica valuable in preventing too frequent menstruation, especially that form that comes with periodicity every two weeks.

The appointees for the December meeting are Dr. Campbell, subject: "**The Medical Charities of Morgan County**," and Dr. Caldwell, subject not announced.

Society adjourned.

Edward Bowe,
Official Reporter.

New Incorporations.

The Secretary of State at Springfield has licensed the following corporations:

New Animal Therapy company, Chicago; capital stock, \$1,000,000; manufacturing medicinal preparations; incorporators, Thomas P. Hamm, S. W. Hamm, Joseph R. Hawley.

Simon's Natural Development System, Chicago; capital, \$50,000; to conduct a bathhouse, gymnasium, and sanitarium; incorporators, William Brace, Kenneth A. Campbell and Henry A. Ritter.

People's Hospital and Training School, not for profit, Chicago; conduct a hospital and training school for nurses; incorporators, I. C. Garry, G. G. Burdick, Geo. W. Webster.

Columbia College of Osteopathy, Chicago; capital, \$2,500; educational purposes; incorporators, Nellie Snyder, Cora Davis, Lillian G. Turner.

The Brethren Hospital and Sanitarium, Chicago; to conduct a hospital and sanitarium; incorporators, D. L. Miller, C. W. Lahmman, and David Rowland.

C. F. Birtman company, Chicago; capital \$25,000; manufacturing electrical, surgical and educational appliances; incorporators, Charles F. Birtman, Samuel C. Fogg, Eldon M. Votaw.

Marriages, Deaths and Changes of Address.

MARRIAGES.

John W. Adams, Walkerville, to Miss Stella Wood, Carrollton; October 10th.

Arthur M. Butzow, to Miss Mary Arens, Chicago, November 27th.

George H. Brannon, Manhattan, to Miss Margaret Moran, Chicago, October 31st.

Augustus Ralph Reder, Chicago, to Miss Susie Alice Pierce, Aurora, October 30th.

James Walter Rendleman, East St. Louis, to Miss Marie Elizabeth Park, St. Louis, Mo., November 5.

Isaac D. Swett, to Miss Mary C. Sweet, Chicago, November 19th.

Henry Samuel Zimmerman, Chicago, to Miss Pearl Mae Whitman, Cameron, October 30th.

DEATHS.

(Furnished by the State Board of Health.)

DuHadway, Caleb, Jerseyville, Dec. 21.

Eddie, G. W., Pana, December 20.

Eggert, Heinrich M., _____

Harvey, Z. T., Council Grove, Kans., Nov. 15.

McGill, David, Fort Leavenworth, Kans., Dec. 4.

Parker, D. H., Medon, Tenn., Nov. 14.

O'Reilly, P. S., Bay St. Louis, Miss., Nov. 19.

Stoner, Andrew J., Jacksonville, Nov. 13.

Vaughan, Burton D., Chicago, Dec. 3d.

Woodward, James W., Bloomington, Nov. 24.

Wakefield, L. L., Summum, Dec. 23.

CHANGES OF ADDRESS.

(Furnished by the State Board of Health.)

CHANGES IN CHICAGO.

Acres, Louise, 960 W. Jackson boul. to 968 W. Monroe.

Blech, Gustavus M., 240 Blue Island ave., to 7 Blue Island ave.

Grubbe, Emil H., 2614 Cottage Grove ave., to 126 State st.

Hamilton, A. G., 2814 Groveland ave., to Dunning.

Lemon, H. K., 3031 Indiana ave., to 4800 Indiana ave.

Quenzer, John Fred, 1590 N. Roby, to 740 Addison ave.

Street, R. H., 83 20th st., to 126 State st.

Wallace, Thos. A., 7831 Muskegan ave., to 369 63d st.

Williams, Rasmus V., 933 W. Division to Cook County Hospital.

CHANGES FROM CHICAGO.

Dowdall, Guy G., to Clinton.

Frisbie, Charles B., to Grinnell, Iowa.

Jakubowski, Siegfried, to _____

Loeb, Ludwig M., to _____

Martin, W. B., to Freeport.

Mitchell, Emma J., to Detroit, Mich.

Morrill, Arthur B., to Tinley Park.

Noble, Charles M., to Park Ridge.

Strunk, Elias D., to _____

Wilgus, J. Livingston, to _____

CHANGES TO CHICAGO.

Backhusen, H. R., to 936 N. Halsted st.

Bunyan, Walter W., to Cook County Hospital.

Denny, Alden Ray, to 602 W. Adams st.

Fricke, G. H., Park Ridge to 1714 N. Halsted st.

Holm, Anna S. W., to 1114 N. Halsted st.

Neff, Henry C., to 381 Dearborn ave.

Pearson, A. W., to 17 VanBuren st.

Purves, Arthur M., to Cook County Hospital.

Soliday, Virginia R., to 252 E. 65th st.

Stumm, Thomas W., Carterville to Cook County Hospital.

CHANGES FROM ILLINOIS.

Best, Elmer E., Park Ridge to Waterloo, Iowa.

Bradfield, J. Harvey, LaHarpe to Sneridan, Wyo.

DaCosta, A. R., Jr., from Woodson to New Mexico.

DaCosta, Helena K., from Woodson to New Mexico.

Pearson, Oscar G., Arlington to Segrin, Texas.

Walker, George W., Decatur to Camornia.

CHANGES TO ILLINOIS.

Arthur, William R., St. Louis to Lovejoy.

Brown, Frank M., to Dundee.

Franing, E. C., to Galesburg.

Galbraith, Charles M., Phillippine Islands to Carbondale.

Lerch, W. H., to Monticello.

Lester, Frederick W., to Milledgeville.

Seemann, C. A., to Freeport.

Smith, Frances A. P., to Chicago Heights.

Waggoner, W. Winston, to Hoopeston.

Zeller, Geo. A., Phillippine Islands to Peoria.

Zillikin, Paul N., to Metropolis City.

CHANGES IN ILLINOIS.

Auringer, A. E., West McHenry to Savanna.

Calhoun, R. E., Chesterville to Arcola.

Carriel, Henry F., Jacksonville to Peoria.

Dick, J. F., Mount Pleasant to Wolf Lake.

Friend, William, Lancaster to Sumner.

Fullenweider, R. C., Canton to LaSalle.

Garrison, A. J., Redmon to Hume.

Grimmer, Christian F., El Paso to Topeka.

Harvey, John B., Galesburg to Prophetstown.

Jacobs, Robert H., Marissa to Samoth.

Markley, R. W., Nunda to Blackstone.

McIntosh, Jesse H., DeWitt to Hope.

Nelson, W. D., Marietta to Canton.

Pitman, James H., Roseville to Camp Point.

Plasch, Ernest H., Freeport to German Valley.

Rees, Homer H., Georgetown to Ogden.

Roberson, S. M., Gresham to Benton.

Seems, Gaillard F., Adrian to Macomb.

Shaw, Viola E., Pekin to Bradford.

Short, W. T., Grove City to Stonington.

Shurtz, S. W., Champaign to Mahomet.

Smith, James W., Cutler to Pinckneyville.

Spann, Charles P., Thebes to Alto Pass.

Ward, A. L., Milmine to Bement.

Wiley, Lewis D., Franklin to New Berlin.

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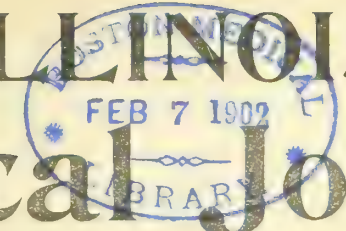
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ILLINOIS Medical Journal



The Official Organ
of the
State Medical Society



Monthly Under Direction
of the
Judicial Council.

Printed by
THE ILLINOIS STATE JOURNAL COMPANY.

Entered in the Springfield Postoffice as Second-Class Matter.

Volume LI.
New Series, Vol. III. }
Number 9.

Springfield, Ill., February, 1902.

{ Subscription, \$3 a Year.
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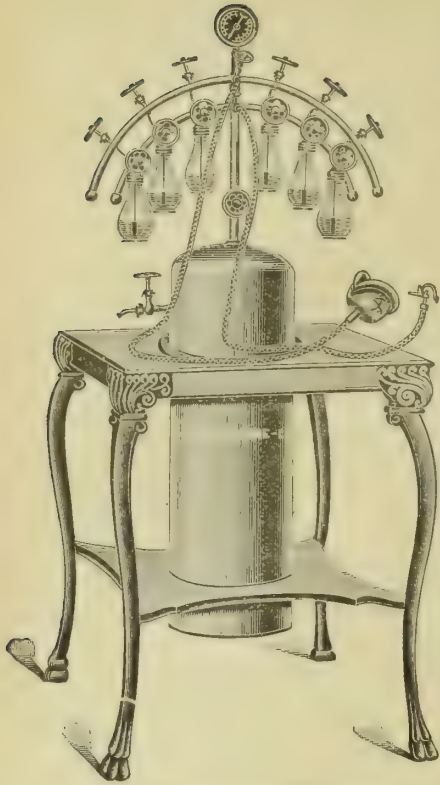
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VOL. LI.
New Series, Vol. III. {
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MEDIASTINAL TUMOR.*

BY E. FLETCHER INGALS, M. D., AND OTTO T.
FREER, M. D., CHICAGO.

In connection with the subject of Mediastinal Tumors, we wish first to present the history of W. J., a Dane, 37 years of age, laborer, who applied at the Chest, Throat and Nose Clinic of Rush Medical College, December 11, 1900, for relief from cough and dyspnoea. He stated that his trouble began the previous August with coryza and tickling sensations in the throat, so that he supposed he had taken an ordinary cold. The cough had gradually increased in severity until it became exhausting and kept him awake nights. After it had lasted about a month, he observed shortness of breath upon exertion; however, he continued to work until about 4 weeks before calling to see us when he was obliged to give up on account of the dyspnoea. Two months before we saw him, he had first noticed swelling of the face and neck and at the same time he became aware that the face had assumed a permanently reddish hue. About two months before he applied at the clinic, he had first observed distension and prominence of the veins of the arms and chest. He had not suffered from pain, but experienced a feeling of soreness under the lower end of the sternum. The patient stated that he had measles when a child but he did not remember to have suffered from any other of the diseases of childhood. Two or three years previously he had a protracted fever which had been called typhoid. About 3 years previously he had gonorrhoea, but there was nothing to lead to suspicion of syphilitic infection, excepting some obstinate ulcerations on the left elbow that began

in 1893 which alternately healed and recurred for a period of 5 years, and the further fact that his wife had had two or three miscarriages. The patient's health aside from the history given had always been good. He had been a moderate drinker and smoker and chewed a little tobacco when feeling well. His father had been accidentally killed. His mother, one brother and two sisters were living in good health. He had a boy, his first born, 12 years of age. His wife's health had never been very good and she had had two or three miscarriages after her first pregnancy. The most important symptom he presented was the dyspnoea which had been steadily increasing and had become so great that at the time he applied at the clinic it was impossible to examine him in a recumbent position, as his shortness of breath grew alarming and his face became deeply cyanosed when he lay upon the back. He was obliged to sleep in a sitting position. Upon examination he was found to be a powerfully built man with the body well nourished. The ears, fingers and part of the neck were deeply cyanotic and his face was of a reddish blue color. The skin of other parts of the body was normally white. On pressure the skin of the fingers and ears became very pale and the blue color returned very slowly when the pressure was relieved. The superficial veins of the chest and abdomen were distended, the main trunks as large as a goose quill, and the superficial epigastric veins could be seen to anastomose with the radicles of the superior epigastric veins which join the internal mammary. By stripping the epigastric veins and permitting them to fill, it was seen that they were transmitting the blood in a downward direction. These veins became excessively engorged during coughing spells. The neck and upper part of

*Read at the Fifty-first Annual Meeting of the Illinois State Medical Society, Peoria, May 21, 1901.

the chest were swollen, oedematous and cyanotic. The spleen and liver were not palpable. Several enlarged lymphatic glands could be felt in the inguinal and cervical regions. Epitrochlear glands were palpable. In the axillary region were some enlarged lymph glands tender on pressure. The thyroid gland was diffusely swollen from venous distention. The visible impulse of the heart could be seen an inch to the left of its normal position. Percussion revealed an area of dullness closely approaching flatness on the anterior surface of the chest extending from the clavicles to the diaphragm and bounded on the right by an irregular line commencing near the center of the clavicle and extending downward and outward to the nipple and then backwards to the dorsal region. It was bounded on the left by an irregular line extending from the middle of the clavicle downward a little within the mammary line to the border of the ribs. Posteriorly, there was flatness on the right side below the level of the fifth dorsal vertebra caused by pleuritic effusion. On the left side there was dullness above the fifth dorsal vertebra, but resonance below.

A fluoroscopic examination showed a dark shadow nearly corresponding to though somewhat larger than the area of dullness marked on the front of the chest by percussion, and the heart was seen to be displaced downward and to the left forming a sort of peak to the shadow. In the aortic and pulmonary areas the heart sounds were clear, but distant and feeble. There were no heart murmurs. The respiratory sounds could not be heard over the areas of dullness just described, but to the left of the left nipple was a small area which yielded bronchial breathing, otherwise the vesicular murmur was normal. Over the upper portion of the chest, upon both sides were tracheal rales indicative of stenosis, which could be heard even at quite a distance from the patient. Inspection of the larynx showed that the left vocal cord was immovably fixed in the

cadaveric position. The patient was recommended to go into the Presbyterian Hospital which he did on the 15th of December, and there he died 13 days later. The symptoms during this period were violent cough, orthorpnœa and increasing cyanosis and oedema. His pulse varied from 64 to 80 and the temperature from 97 to 98. Beyond a trace of albumen, there was nothing abnormal about the urine. His treatment consisted of moderate doses of codeine and hyoscyamus to quiet the cough and 25 grains daily of the iodide of potassium.

Dr. Kleinmann of the Pathological Department of Rush Medical College made a post mortem examination shortly after death and reports as follows:

Post mortem rigidity is slight and there is lividity posteriorly. There is a reddish area like a first degree burn covering the entire anterior aspect of the chest. The skin of this area is oedematous. The superficial veins of the abdomen and chest are enlarged; also the veins of the legs above the knees. There is oedema of the right arm, penis and scrotum. The anterior chest wall drips blood freely on cutting. The peritoneal cavity is empty; the peritoneum is smooth. The greater curvature of the stomach is at the umbilicus. The intestines show no changes. The appendix which is retrocecal, appears normal and about 5 c. m. in length. The spleen is dark red but not enlarged. The stomach and liver appear normal. The gall bladder is large and distended but contains no stones. The pancreas seems somewhat enlarged but contains no nodules. The kidneys are dark red on section and drip blood freely. The cortical markings are indistinct. The capsule strips readily. There are enlarged glands on the vertebral column and at the head of the pancreas. The prostate is not enlarged and contains no nodules. The testicles appear normal, excepting the right which shows some atrophy. On lifting the sternum, a mass is felt adherent to it which extends from the diaphragm to the clavicles. The right

pleural cavity contains a large amount of clear serous fluid. The lung is small and lies posteriorly. It is continuous with the tumor mass; it is not adherent. The left pleural cavity is practically obliterated by firm adhesions. The left lung is continuous with the tumor mass and contains a recent infarct. The tumor mass extends from the clavicle to the diaphragm and laterally, on the left side from just beyond the nipple line at the upper part downward where it reaches the mesial side of the nipple line. Measurements were not made. The tumor has invaded the pericardium and pericardial sac, and lies anterior to the heart covering all except the apex. The heart appears small and atrophic, but does not show any involvement. The vessels at the base are seen to be imbedded in the tumor.

Dr. Freer's examination of the tumor showed that the trachea and bronchi had been forced backward, although the lumen of the trachea was quite well maintained while that of both bronchi, but especially of the left, was much narrowed. The anterior wall of the trachea and bronchi was merged into the solid mass of the tumor and was inseparable from it. The tumor had invaded the anterior wall of the pericardium and had displaced the heart downward and outward and molded itself about the organ like a shell. The capacity of the heart chambers appeared much diminished and the entire organ atrophic. He suggests that it must have been impossible for the cavities of the heart to fill normally with blood because of the compression from the surrounding unyielding mass; it appeared that the heart had undergone pressure atrophy. The auricles were inseparably merged into the tumor which pressed upon them from above. The anterior half of the ascending and half of the arch of the aorta were imbedded in the tumor, but beyond this the vessel remained free, though it was forced backward by the growth. The recurrent laryngeal nerves were normal in appearance. The pulmonary artery

disappeared in the growth. The inferior vena cava was unobstructed. The finger passed into the right auricle discovered the entrance to the superior vena cava blocked by the tumor mass. The vena innominate of both sides descended directly into midst of the growth. A glass rod could be passed through the left vena innominate and superior vena cava into the right auricle but it could only be squeezed through by using force showing that the lumen of the superior vena cava must have been nearly or quite occluded for blood during life. In such a condition, the collateral channels of venous circulation are the same as those employed where the inferior vena cava is blocked, but the direction of the blood current is reversed, that is in occlusion of the inferior vena cava it is from below upward, to the superior vena cava. In occlusion, of the latter, the direction of the blood in the collaterals is from above downward, as was shown in the first examination of this case, by stripping the superficial veins. The collateral circulation in such cases is both through the superficial and deep vessels; the superficial being the internal mammary and the superior epigastric veins anastomosing with the inferior and superficial epigastric veins and finally the external iliac. The deep channels are the vena azygos, and hemiazygos which carry the blood from the superior to the inferior vena cava and the lumbar and diaphragmatic veins.

Benign tumors of the mediastinum such as Lipoma, Fibroma, Chondroma and Osteoma are quite rare; but malignant tumors, carcinoma and sarcoma are much more frequent. Sarcoma is a little more than twice as frequent as the carcinoma and it occurs about four times as often in the anterior mediastinum as in the middle or posterior regions. The tumor in this case, therefore, is of the most frequent variety; it occupies the most common site of such growths, and it illustrates many of the common features of mediastinal sarcomata. Such tumors form nodules of various sizes which coalesce and mat to-

gether the various structures of the mediastinum. The lung tissue is especially liable to invasion; the malignant process may extend along the bronchi into the lung substance or the tumor may mold itself to the outside of the lung, and invade it directly at the border as in this case. The large vessels are usually found buried in the mass, and the veins are more or less compressed. In some instances the walls of the blood vessels and heart are broken through, and as in this case they are often surrounded by the tumor tissue, but they do not undergo pressure necrosis as readily from these growths as from aneurism. In a case like this the changes are so great that it is impossible to tell the starting point of the growth, but these tumors usually have their origin in the lymphatic glands and not infrequently in those below the diaphragm. According to Sedgwick, sarcoma in the posterior mediastinum frequently follows primary osteosarcoma of the lower third of the femur. Tumors of the kidney and adrenal gland often invade the mediastinum by continuity of tissue. The etiology of this affection is unknown. The early symptoms of mediastinal tumors are misleading and uncertain. Uneasiness and a sense of weight which causes discomfort or anxiety, are commonly noticed before actual pain. The feeling of fullness behind the sternum commonly increases steadily until cachexia is manifested. As in this case, there may be very little pain, but in others this symptom is constant and is subject to paroxysmal exacerbations. The pain may be either smarting or stinging in character, it may be circumscribed to a small spot behind the upper part of the sternum, or it may radiate along the nerves of the arm, neck or intercostal spaces.

As illustrated by this case, lympho sarcoma often grows rapidly, but contrary to the history in this instance, the cachexia generally develops early and is attended by progressive emaciation, loss of appetite, yellowness of the skin, and fatigue on exertion; however, the signs of cachexia are

occasionally (and may have been in this patient,) masked by oedema and cyanosis of the upper part of the body. The pulse commonly ranges from 75 to 100 and the temperature is normal or but slightly increased. In a considerable number of cases the posture is suggestive of the nature of the disease for it may be impossible for the patient to find comfort excepting when lying upon one side or kneeling with the head supported on the arm. This patient was unable to lie upon the back. Occasionally such tumors cause an intermittent rise of temperature, but in some instances the temperature is almost continuously subnormal. They are commonly attended by excessive sweating when the patient sleeps. Sometimes the tumor causes bulging of the sternum but before this appears enlarged glands or nodular masses may be seen or felt by palpitation in the supraclavicular region. The pulsation of the heart may be diffused over the entire chest, sometimes by pressure of the heart against the tumor it may be imparted to the nodules above the clavicle. Respiratory movements of the chest are often deficient and upon percussion flatness is usually found over the center of the tumor with dulness over its outer parts. Large fluid accumulations often occur in the pericardium and pleural cavities, which it may be necessary to remove before the outline of the tumor can be ascertained. In this case there was fluid in the right pleural cavity. Some of the most noticeable symptoms of mediastinal tumor are due to disturbance of the circulation. In consequence of the pressure congestion and lividity of the countenance occur with dyspnoea on exertion and occasionally with syncope. There are also vertigo on stooping or bending forward, roaring in the ears, deafness, muscae before the eyes, oedema of the face and neck and of the upper part of the thorax, and venus engorgement with sometimes dropsy or ascites. Pressure on the pulmonary vessels may cause thrombi which becoming loosened may locate in the cerebral blood ves-

sels and cause paralysis. These thrombi may also cause loud vascular murmurs. Oedema of the lungs or hydrothorax may be consequential to pressure which prevents the return flow of blood to the heart. Engorgement of the subcutaneous veins may be unilateral and the oedema depending upon the point of pressure, may be confined to one arm. Among the most prominent symptoms are enlarged subcutaneous veins due to the collateral circulation which is set up when the superior vena cava is obstructed. In this case the findings before death clearly indicated obstruction of the superior vena cava and showed that the venous blood from the head and upper extremities was passing downward by way of the superficial veins into the heart through the inferior vena cava. In some cases there are sudden attacks of suffocation, when the patient becomes pulseless, cold and bathed with perspiration; these may result from spasm of the glottis, from pulmonary oedema, or from retention in the trachea or bronchi of a large amount of secretion at the seat of compression. As in this case pressure on the vagi, may induce cough, it may also cause choking sensations, palpitation of the heart and regurgitation of food or vomiting. Paralysis of one or both vocal cords is common, as illustrated in this case. Obstruction of the oesophagus is frequently noted. Occasionally the compression of the aorta or its branches causes a difference in the volume or strength of the pulse on the two sides, a condition which might cause the physician to suspect aneurism of the aorta.

Solid mediastinal tumors are to be distinguished from aneurism of the aorta, from abscess of the mediastinum and from mediastinitis. An aneurism seldom causes as many or as severe symptoms of pressure as a mediastinal tumor. Furthermore, an age past 45, the existence of a syphilitic history, the occurrence of tracheal tugging, variation in the two pulses, the character of the pain, and murmurs, with expansive pulsation of the tumor if it can be felt,

will often enable us to make a correct diagnosis. However small aneurisms of the aorta, and intrathoracic tumors due to enlargement of glands about the arch of the aorta or the innominate artery are sometimes very difficult to differentiate.

In abscess of the mediastinum there is usually a history of trauma with rigors and fever, or marked sepsis, and an absence of cachexia.

The pericardial or pleural exudates which occur in connection with malignant tumors are very likely to be hemorrhagic, but it should be remembered that similar exudates occasionally occur in chronic tuberculosis of the pleura, though very rarely under other conditions.

It is sometimes difficult to distinguish between benign and malignant tumors particularly when the growths are small, but usually the rapid development of the malignant growth will soon settle the diagnosis. In individual cases a careful examination should be made for evidences of cachexia and a search should be made for secondary tumors or for tumors to which the mediastinal growth may be secondary.

Chronic mediastinitis may give some symptoms similar to those of malignant growths in the mediastinum, but it is not attended by the extensive area of dullness which the latter is likely to cause. The occurrence of metastasis and the presence of cachexia with the absence of an antecedent history pointing towards suppurative processes in the adjacent serous surfaces is of much value in differentiating between the two.

The prognosis is hopeless in malignant tumors of the mediastinum and when the tumor is of a sarcomatous nature the disease usually runs its course within a few months; though carcinoma progresses less rapidly and sometimes extends over a period of several years.

Treatment can only be palliative. Anodynes should be administered, when necessary, to relieve pain or to benumb the patient's mental susceptibilities. Effusions

should be aspirated and whenever dyspnoea results from paralysis of both vocal cords, tracheotomy should be done to prevent suffocation. It is stated that considerable comfort may sometimes be obtained by the continuous use of an ice bag over the sternum. In some instances during the early part of the disease there may be doubt as to its true nature, and in these it is generally advisable to administer the iodides on account of the possibility that the trouble may be syphilitic and for the further reason that even malignant growths are sometimes benefitted for a time by this remedy.

CASES ILLUSTRATING THE PLASTICS OF THE FACE.*

BY WELLER, VAN HOOK, M. D.

The following case illustrates very well one of the principles involved in plastic operations about the head. It contains a suggestion for covering parts of bones deprived of their periosteum.

Mrs. X., a lady of advanced age but of robust constitution, was seen some months ago when suffering from sarcoma of the skin of the frontal region. The new growth was a prominent mass about $1\frac{3}{4}$ inches in diameter, shading off gradually into surrounding tissues, and presenting an almost circular outline. She had suffered but little pain, but as the growth had formed in a very brief period, something like two months, much alarm was felt as to its character. Under anaesthesia the growth was excised widely, and the periosteum of the frontal bone removed in a single mass with the tumor. This left a defect upon the forehead about three inches in diameter, a portion of the defect extending up into the hairy part of the scalp. To make good this defect a pediculated flap about one-third greater in area than the space to be covered was taken from the parietal region, the base of the flap containing branches of the tem-

poral artery. This flap was fastened down in position by stitches. In raising it the periosteum of the parietal region had been left undisturbed, together with the aponeurosis. Upon this surface Thiersch grafts, derived from the arm, were laid down. Healing was rapid throughout, and in a comparatively short time the patient was able to return home.

The advantage of this maneuver lies in the fact that bare bone was quickly covered with integument. The only disadvantage consisted in the fact that hair was transplanted to the frontal region to grow rather close down to the eyebrows. Of course the surface covered by the Thiersch grafts was not provided with hair.

The dermatologists have recently shown us that hair can be removed by frequent applications of Roentgen rays. This method of removing hair I have utilized in plastic operations similar to this, and would advise a frequent resort to this method of procedure. In this case, however, although the conditions were favorable for the application of the method, the patient declined to have anything done, on account of her advanced age.

The second principle which I would like to illustrate is that of the utilization of the skin to make good a defect of the mucous membrane. This principle has been utilized in many instances by other operators.

Mr. A., by occupation a stock dealer, was afflicted some years ago with a pain in the lower jaw. The teeth having been extracted without much relief being obtained, he applied to a cancer quack, who promptly declared him a victim of that disease, and proceeded to apply pastes to the jaw. The corner of the mouth was partly destroyed, a portion of the jaw was eaten away, and a considerable defect in the cheek was produced. The changes brought about are well illustrated in the accompanying photograph.

In operating on this case the first thing done was to liberate the skin and muscle from their attachment to the jaw, but the incisions for this purpose were made at a distance of one-half inch from the edge of

*Read at the Fifty-first Annual Meeting of the Illinois State Medical Society, Peoria, May 21, 1901.



DR. WELLER VAN HOOK'S FIRST CASE.



DR. WELLER VAN HOOK'S SECOND CASE.

the defect, and extended only through the skin. In this way a flap was made which could be turned into the mouth, the skin being utilized to take the place of the lost mucous membrane. The skin of the cheek sufficiently liberated for the purpose was then united externally by sutures. The lips, of course, had been brought together by raising a flap from the lower lip, and turning it around to make good the defect in the upper lip. The result, so far as the plastic work was concerned, was excellent. The patient is able to open his mouth widely, and there is no escape of saliva at the corner of the mouth. There was some subsequent slight trouble with the bone of the lower jaw, requiring minor operations, which are of no present interest.

CONSERVATIVE GYNAECOLOGY AND ELECTRICITY.*

BY F. C. VANDERVORT, M. D., BLOOMINGTON.

In an age of operations it requires some boldness and independence to write of Conservative Gynaecology. But I believe it proper to relate some of my experiences along this line in the use of galvanism. Electricity has been used to some extent for a great many years. True all know how doctors have taken it up and after trying it awhile have become disgusted and dropped the use of it. Not one whit the wiser than they were at first. The use of electricity along these lines is no longer an experiment, but has taken its place along side of other means for the cure of disease. The knowledge of its therapeutics has become fixed and exact. Its uses can not be mastered in a week or a month and I might say in years, for the field of its usefulness is constantly widening. I have been studying and using it now for four years and while there are many things I am sure of, I feel I am beginning to know something of its uses. The possession of

a good battery is absolutely necessary, but the knowledge of its forms and uses is just as necessary. The use of electricity has been brought into disrepute by the physicians having batteries in their offices just for ornament and to have something to try—or to influence the mind of the patient. My experience is, people have to be educated against a prejudice against electricity. They are afraid of it—afraid it will cause pain or do some other injury. These things are all possible with its careless or indifferent use, but used properly it is painless and pleasant. The verdict is in favor of a battery of cells as against the commercial current taken off the street wires—as regards danger to patient or pain. It requires a battery of at least 40 cells to do the work. Nearly all galvanic batteries have also a Faradic coil so that the Faradic current can be used also. Another instrument of absolute necessity is the milliampere meter. Electricity must be given in as exact and careful dosage as morphine, and this cannot be done without the milliampere meter. One patient will require a larger dosage than another, and every patient should have the current turned on gradually at the first seance to test the strength of current required. A current should never cause pain to the patient. All modern batteries now have the graphite shunt reostat with which the current can be turned on and increased without causing shocks to the patient.

Anyone taking up the use of electricity must first familiarize himself with the manipulation of the battery and study the different poles. It makes a great difference which pole we use in the treatment of diseases. The positive pole is antiseptic—astrigent, and a constrictor of blood vessels, hence the current relieves congestion and inflammation. The negative pole, dilates or congests and is an alkaline escharotic, and hence is the current to use to cause a flow of blood, or in removing tumors, warts, hairs and moles. The matter of electrodes is also one of importance. For the treatment of uterine disease a

*Read before the McLean County Medical Society, Jan. 2, 1902.

copper electrode is the most useful, for strictures a nickel plated electrode always to be used with the Negative pole. In treatment of uterine diseases the indifferent electrode must be large in order to prevent pain. I find the large block tin electrode covered with spongiopiline perfectly satisfactory. This must of course always be wet in warm water before being applied. Great care must be exercised at all times to prevent a breaking of the circuit or else a shock will be given the patient. All vaginal electrodes should be covered with absorbent cotton, then dipped in warm water, otherwise the mucous membrane is liable to be cauterized. Before reciting the histories of cases I wish to make some quotations from Prof. G. Betton Massey.

"It is, of course, by no means within the power of electro gynaecology to displace the really necessary work accomplished by the modern methods of aseptic surgery, but it is within its province to demonstrate that mutilating and sacrificial operations can be restricted to cases legitimately requiring such measures of last resort by revealing the curableness of many affections apparently regarded as hopeless. The extensive prevalence of an attitude that regards the removal of an organ as both the proper and the only way to cure it can only be regarded as the sign of a mental epidemic of no mean proportions, particularly when such attitude is maintained only toward one set of organs. To check microbic invasion and its consequences remove pain, restore function, correct nutritional faults, check hemorrhage, cause retrogression of benign growths, and restore local and general health is a sufficiently broad platform for a single agency, and, if these, or many of these, results can be accomplished by electricity without danger, risk, or mutilation, its claims for consideration as a method of choice over less advantageous procedures are imperative. With powers so conservative, yet vigorous, at command, it is clearly the duty of the electro gynaecologist to protest against the too common practice that classes gynaecology with

major surgery alone, and results in sufferers from diseases of women being referred at once to specialists in abdominal surgery. No organ should be subjected to a mutilating operation, until the powers of conservative medication have been intelligently tested, yet such is the haste in the performance of this work of last resort that our hospitals have become the sacrificial temples of this new faith, in which women by the score, without previous attempt to cure, are persuaded to undergo operations dangerous to life and unwarranted by sound judgment, and which are followed by lifelong consequences in those that recover, that are either carefully concealed or else carelessly withheld from their knowledge before their consent is given. The etiologic unity of uterine and tubal catarrh.

"It is of the utmost importance in estimating the value of a conservative treatment of these very common affections, to recognize the fact that the great majority of inflammatory conditions of the pelvis are primarily due to catarrh of the uterotubal tract, the initial lesion being catarrh of the uterus, and that the initial seat of the disease is apt to remain in a more or less active condition during the prevalence of the secondary affections in the tubes and ovaries. It is a belated recognition of this fact that has given rise to the prevalent practice among surgical gynaecologists of amputating the uterus itself after subjecting the patient to successive operations for removal of one and of both ovaries and tubes without relieving the suffering. Were such cases placed on rational treatment for the initial lesion none of the operations would have been required, and a great multitude of women would be saved to their families and to a normal existence."

Case 1. Lady aged 38, mother of three children. Examination revealed inflamed cervix, general tenderness and profuse leucorrhoeal discharge and general nervous symptoms usual in their cases. Treated twice a week with positive galvanism, 30 or 40 milliamperes for fifteen minutes followed by one of glycerine wool tampons.

Case showed immediate improvement and a cure in two months.

Case 2. Lady age 25, mother of one child. Consulted me on account of pain in bladder. Upon examination found inflammation about anterior portion of cervix and uterus extending to the bladder. This case was cured permanently in about six weeks with the use of positive galvanism of about 20 milliamperes.

Case 3. Similar to the above except lady was mother of four children.

Case 4. Lady age 57. Mother of two children. Examination revealed a large fibroid of the posterior wall of the uterus. This tumor was almost as large as an ordinary cocoanut and pressed heavily upon the rectum interfering with the action of the bowels. In fact most of the symptoms complained of were those of pressure from the enlarged uterus. It was with great difficulty that this patient reached the office. She had to be assisted, but she succeeded in getting there and commenced her treatments. She was practically an invalid and I had visited her many times and found her confined to her bed. She was given internal uterine treatments two or three times a week of 100 milliamperes, the positive pole in uterus. She began to improve immediately. She was treated off and on for nearly a year when she was burdened with housekeeping and the nursing of an invalid daughter. She does a great amount of work and keeps up and is very well. The last time I examined her, some 8 months ago, the tumor was very much reduced, so much so as to give very little if any trouble from pressure. This I consider a most important case. Here is a woman saved the danger of a capital operation and restored to health and usefulness by the use of galvanism, faithfully and persistently applied.

Case 5. Lady age 26. Primipara, laceration of cervix and inflammation. Treated by positive galvanism 20 milliamperes for two months. She recovered from a bedfast condition to such a healthful condition that she went to a distant town

to keep house for her father-in-law. After a short time she got down again and was operated upon for the laceration and has been in bed ever since, now ten months.

Case 6. Lady age 25. No children. Cervical inflammation with relaxed state of parts, pain. Relieved with mild doses of galvanism after ten months.

Case 7. Lady age 37. Multipara, similar to last case, except retroversion. After several months treatment she became pregnant and ever since the birth of her child last February she has been in superb health.

Case 8. Lady age 25. No children. Consulted me on account of leucorrhoea and a pain in region of left broad ligament. This is an interesting case. She said she had tried everything else and decided to try electricity—as a last resort. I told her she should have taken it as a first resort. This case was treated for six months with both galvanism and faradism, both internal uterine and vaginal and is now practically well, except at her menstrual periods she has the old pain for a few days. There was a thickening of the broad ligament in this case which has disappeared but there is still some retroversion.

Case 9. Lady 21. No children. Endocervicitis with leucorrhoea. Treated with positive galvanism for ten months with a complete relief of pain in back and hips and relief of painful periods.

Case 10. Girl age 20. Dysmenorrhoea. Treated her once a week between her periods with one large pad under the sacrum and one over abdomen. Result a relief of painful periods.

Case 11. Multipara. History of specific infection. Pain in right inguinal region. General inflammation of cervix with profuse muco-purulent discharge—non infectious as case was of twelve years standing. Commenced treatment with 20 milliamperes galvanism. Pain began at once to increase and a few treatments made the case evidently worse, proving the presence of a pus tube. The treatment was discontinued and patient

treated with hot douches and glycerine tampons. The case is still under treatment with a hope of a cure without a surgical operation.

Caution: Do not use electricity in pus cases.

While not properly coming under title of my paper I can not refrain from mentioning the successful destruction of urethral strictures in a few cases up to date. It is painless and effectual and the method above all others for such cases. Another class of cases that is the *bete noir* of medicine is enlarged prostate is successfully treated by galvanism with the active pole in the rectum. I have had two such cases. The current causes absorption of the gland.

TUBERCULOSIS OF BLADDER WITH REPORT OF CASE.*

BY P. L. MARKLEY, M. D., ROCKFORD.

Tillmans says in the female tuberculosis of the bladder is very rare; among 2,565 autopsies of females at Dresden, Birch-Hirschfeldt found tubercular disease of bladder only four times; according to the same author the prognosis is bad. His treatment is symptomatic, a radical mode of treatment is usually impossible as other tubercular lesions usually coexist. In case the disease is confined to the bladder injections are recommended, and above all operative treatment, consisting of suprapubic cystotomy, and scraping out or excising the tubercular area.

Casper has had personal experience in thirty-five cases of vesical tuberculosis. Because of the lack of harmony in the opinion of various authorities upon the subject of urogenital tuberculosis, and especially in reference to the question of primary primitive and consecutive foci, he regards any careful analysis of new material as a contribution of value to our knowledge of a subject which is of almost equal interest to the physician and surgeon, for it is now well known that cases of supposed

tuberculosis of bladder may actually represent a primary infection of the kidney.

In this series of cases, (Journal of tuberculosis, vol. 3, No. 1,) which is reported in the *Deutsch Med. Wochenschrift*, Oct. 11-18, 1900, the author refers only to outspoken tuberculosis of the bladder, no account being taken of latent cases. It appears that but three out of the thirty-five cases were primary; and of this number two were apparently determined by a previous gonorrhoeal cystitis, while the etiology in the third case was wholly obscure. Of the fourteen cases in which the kidney was simultaneously affected, at least 11 appeared to be examples of primary tuberculosis of the kidney with secondary implication of the bladder. The remaining three cases were seemingly instances of an ascent of the disease from the bladder to the kidney.

In ten instances in which the urinary and genital organs were both involved the latter structures appear to have been first affected in the majority of cases, and in five instances in which the bladder and lungs were alike tuberculous, the pulmonary localization was uniformly the oldest. In none of the thirty-five cases of vesical tuberculosis was there any evidence to show that the disease had been transmitted by coitus.

Gonorrhoea appears to play a not inconsiderable role in the production of tuberculous affections of the urogenital apparatus. Klebs even states that the most acute type of miliary tuberculosis has been known to follow closely upon an attack of gonorrhoeal urethritis and prostatitis. Simmonds states that in an individual of strong tuberculous predisposition an attack of gonorrhoea is likely to set up urogenital tuberculosis. As a matter of fact one-third of our present authors cases of vesical tuberculosis had suffered at some time in their lives from gonorrhoea. It appears safe to conclude that gonorrhoea fulfills a role of traumatism in these cases, as a trauma may arouse to local activity a latent syphilis, it may also produce an analogous effect in latent tuberculosis.

*Read at the Fifty-first Annual Meeting of the Illinois State Medical Society, Peoria, May 21, 1901.

From the practical side, Simmonds' advice is to carefully watch over the outcome of every case of gonorrhoea occurring in a person with a marked tendency to tuberculosis.

Howard Kelley says tubercular disease of the bladder in women is observed with a frequency which increases just in proportion as careful direct examination and bacteriological investigations of the urine are made. He says it is either primary in the bladder or descending from the kidney to the bladder, or again a part of general tuberculosis.

R. Ultzmann (*Die Krank der Harnblase*, Stuttgart, 1890, p. 151) quoted by Kelley states that tubercular cystitis often complicates other inflammatory processes, and more especially those due to gonorrhoea, then the gonococci may be found in close association with tubercle bacilli.

T. Rovsing (*Die Blasenentzündungen*, Berlin, 1890) declares that tubercle bacilli cannot engender a tubercular cystitis in a sound bladder, not even when there is a retention of urine, but that a direct inoculation into the mucosa or a preliminary suppurative cystitis are necessary factors. The disease is not often seen in initial stages, when there is simply an intense catarrhal condition of the bladder. In cases of infection from a tubercular kidney or a tubercular abscess behind the broad ligament discharging into the bladder, the infection is most marked in a path in front of the ureteral orifice of that side, or in front of the sinus opening into the abscess where infected urine meets the mucosa undiluted. In addition to the catarrhal cystitis found here, there are often numerous little scattered whitish nodules having the appearance of tubercles. Sooner or later caseation occurs and the tubercles break down, leaving a deep ragged-edged ulcer; the urine then contains pus, mucus and blood.

The tubercular ulcers may advance but slowly; in the most cases the entire bladder is involved, and the bloody urine is constantly expelled in small quantities with great suffering.

The trigonum, the base and the posterior

walls are oftenest affected. If the disease is left to run its natural course, it is almost always chronic, extending over a period of many years with slow changes. In a more intense form, when the entire bladder is involved, it may terminate fatally in a few months.

The diagnosis. A cystitis, says Kelley, occurring in a phthisical patient not exposed to gonorrheal infection is most likely tubercular. The diagnosis is made certain by finding the tubercle bacilli either in the urine or tissues themselves. When the disease is advanced the tubercle bacilli can usually be found in large numbers without any trouble, but in other cases repeated examinations must be made to find even a few of them. The surest way to find the tubercle bacilli and so clear up the diagnosis is to expose the diseased area and curette off a little of the tissue from the margin of the ulcer. The microscopic examination of this may show the presence of the bacilli when they have been sought in vain in the urine.

The tubercular ulcer is characterized by a granulating base, sharp, irregular edges with small hemorrhagic foci surrounding it. In the most advanced cases the contracted bladder simply appears as a mass of ulcerations with irregular surfaces filled with pus, blood and mucus. When the disease descends from the kidney the part first affected is that about the ureteral orifice of the affected side. The giant cells characteristic of tuberculosis, may also be found in the tissues of the margin of the ulcer.

Treatment: Quoting Kelley of Baltimore. The out-look in a case of tuberculosis of the bladder from a therapeutic standpoint is no longer so hopeless as it was before the use of the endoscope. We are able with our present diagnostic methods not only to determine the specific nature of the disease, but to discriminate between the extensive cases, and those which remain localized and are more amenable to treatment.

In all these cases the general health demands the most pains-taking attention;

associated with rest, abundant nutritious food, suitable exercise in the fresh air, and it may be a change of climate and scene; we must also depend largely upon such medical agents as cod liver oil, iron preparations and other tonics.

When the bladder disease forms but a part of a more general infection, or is associated with an extensive lung affection, but little will be accomplished locally in staying its progress. When the disease is in some neighboring organ or in a kidney or uterine tube, and the bladder is only secondarily involved, the original focus must be removed before any results may be expected from the treatment of the bladder, and if the disease is but limited it may clear up without further assistance.

The direct treatment of a tubercular bladder is either by injections, by topical applications or surgery. As injections, iodoform emulsion 5 to 10 per cent. with glycerine, gum acacia and water. The injections should be made every 2 or 3 days, also 2 per cent. silver nitrate solutions have done good.

Topical applications: By means of the endoscope we make direct application of nitrate of silver (or other escharotic) about 80 grains to ounce, to tubercular ulcer, at intervals of a week or ten days.

Surgical treatment is by curettage, cautery, and excision. Curettage is done with a sharp curette after the bladder is washed out with a mild antiseptic, the entire mucous membrane of the bladder is thoroughly curetted if the whole mucous membrane is involved, or only such part of the mucosa as is diseased. This is done through the urethra with one finger in the vagina used as counter pressure.

The galvo no-cautery may be used through the endoscope in the air distended bladder according to Kelley.

R. Bardenheuer (quoted by Kelley) has excised the entire mucosa without interfering seriously with the bladder function. The mucosa being reproduced either from the minute portions left or from the urethral and ureteral mucosa. The ulcers may be excised by first doing suprapubic

cystotomy and the wound united by sutures.

Report of case. Miss B., aged 30. Family history, entirely negative; personal history: Had Potts disease of spine 8 years ago, entirely recovered, left slight deformity. Had bladder trouble for 3 years when she came under the care of Dr. S. C. Andrus of Rockford, who wrote the diagnosis and to whom I am indebted for the privilege of assisting in the treatment of this case. A. H. Ferguson of Chicago, also confirmed the diagnosis. The case had been under treatment for two years by two different physicians. Had had no local treatment. This patient had lost about 30 pounds in weight. Had almost a constant desire to urinate, would get up to void urine from 10 to 15 times every night, passed pus, blood and mucus. Tubercle bacilli found in catheterized urine thus clearing up diagnosis.

Treatment: With patient in exaggerated lithotomy position, two large pillows under hips and anaesthetized; urethra dilated, after thoroughly sterilizing external parts, dilated urethra with Kelley's urethral dilators up to No. 12, a speculum of same size caused bladder to distend with air then with head mirror and ordinary lamp in dark room the view in bladder was as clear as in viewing throat with head mirror only smaller field, could be seen at one time. We discovered a deep irregular ulcer the size of a nickle on the left posterior wall of fundus of bladder with a granulating base, balance of bladder seemed to be healthy, after removing small amount of urine from bladder with a small rubber bulb and tube, we proceeded to apply saturated solution of silver nitrate to ulcer with a long cotton tipped pobe, we used chinosal 10 grains to quart of water to irrigate bladder daily. Made applications of nitrate of silver 3 times at intervals of a week. The patient completely recovered in about eight weeks from commencement of treatment, and has remained so for one year. Has gained 30 pounds in weight, which is her normal weight, and is now following her former

occupation as dressmaker. There was no apparent local cause for disease. Disease seemed to be entirely local, temperature during time of sickness only slightly elevated. Not over 99 1-2 at any time.

GUMMA OF THE SPERMATIC CORD, WITH REPORT OF A CASE.*

BY R. R. CAMPBELL, M. D., CHICAGO.
Professor of Skin and Venereal Diseases, Chicago Polyclinic.

My reason for presenting this short paper is twofold: Firstly, on account of the interest involved in the study of syphilis per se., and, secondly, on account of the rarity of its manifestations in this particular location, namely, the spermatic cord. Cases have, however, been observed in which a syphilitic enlargement of the cord has been diagnosed. Thus, Verneuil¹ has recorded a case of gummy swelling of the cord in a patient who had also a gumma in the heart. The specimen in this case was presented to the Society of Anatomy of Paris, in 1856. The morbid growth was found after death to be the size of two fists; it occupied the scrotum, and ascended along the cord as far as the iliac fossa. The growth had been mistaken for cancer during life.

Lancereaux² gives details of a case in which, in connection with syphilitic disease of the testis and epididymis, the cord was enlarged and swollen in several places, one of the swellings being as large as a chestnut. Recovery took place under iodide of potassium. Fournier³ again mentions a case of syphilitic testis, where the cord was involved. In inherited syphilis also the cord may be affected. A child under the care of Obdenare⁴ with enlargement of the testis had also enlargement of the spermatic cord. However, late syphilis seems very rarely to attack the cord independently of the neighboring or connecting structures.

Morrow⁵ says that on one occasion, in

the case of a gentleman who had contracted syphilis some years previously, he observed the appearance of a painless, quite firm tumor which attained the size of an almond, in connection with the cord of the left side, just outside of the external ring. Under mixed treatment this soon disappeared.

Bert⁶ reports a case in which both spermatic cords were affected. On one side absorption of the nodules took place under specific treatment, while the nodules on the other side broke down and discharged a gummatous material, the remaining scrotal structures being apparently free from disease.

Heliot⁷ reports two cases, the correct diagnosis of which is open to question.

Kocher⁸ observed two gummata in the spermatic cord of a patient, one of which was as large as a goose egg.

M. Von Zeissl⁹ observed a suppurating tumor of the right side of the scrotum involving the vas deferens. The tumor was irregular, elastic, and of the size of a pigeon egg. The patient presented a relapsing syphilide.

Mauriac¹⁰ describes a case of a solid tumor of the right spermatic cord appearing ten years after the first manifestations of syphilis, and draws attention to the extreme rarity of specific affections of the cord alone.

Reclus¹¹ reports two cases of syphilitic inflammation of the spermatic cord, with stiffening and rigidity of the vas deferens.

Goldenberg¹² reports an interesting case with microscopical findings of a round, sharply circumscribed, hard mass, apparently cystic to the touch, about 2 cm. in diameter, situated on the left posterior surface of the scrotum, about one-quarter of an inch from the raphe. The testicles and epididymis were perfectly normal.

Brossard¹³ says syphilitic gummata are present in the form of small nodules, which are painless, intimately connected with the spermatic cord, surrounded by its tissues, and entirely distinct from the testes. They seem to be smooth and elastic to the touch. In the two cases which came under his observation, they did not show

*Read at the Fifty-first Annual Meeting of the Illinois State Medical Society, Peoria, May 21, 1901.

any tendency to soften or to ulcerate; nevertheless, we should not from this conclude that such a course or termination is impossible, or even improbable. His first case died from an intercurrent affection, and in the second case the gumma had been removed by a surgeon a short time after its development.

It is my pleasure to report the following case:

C. S., presented himself for treatment in 1897, with a history, as follows: In the fall of 1890, a sore appeared on the right side and about the middle of the shaft of the penis, four weeks after intercourse, followed by enlarged glands, chain-like in character, affecting only the right inguinal region. There was no pain nor tenderness on pressure, and this was followed by a roseola eruption. Early in 1891 mucous patches appeared in the mouth and on the fauces. In 1897, when patient came under my care, he complained of pain and tenderness along the left tibia from the knee down to the ankle, pain becoming intensified at night. On the right foreleg five ulcerating gummata presented, kidney-shaped, with undermined edges, and emitting considerable serous discharge. The ulcers had existed for about nine months, and promptly healed under the potassium iodide treatment, but as is usual in these cases the patient then disappeared. In August, 1899, he again presented himself with a firm, painless tumor, about the size of an almond, presenting just outside the external ring, in connection with the cord of the right side. This promptly disappeared under the iodide treatment and inunctions of vasogen mercury, 33 per cent. since which time no further syphilitic manifestations have been noted.

It has already been stated that the spermatic cord in syphilitic affections of the testes and epididymis is very seldom involved. It occurs less frequently as an independent manifestation.

Neumann¹⁴ says: "Usually one finds on palpation that the cord inside the scrotum is decidedly thickened, so that the individual parts can not be differentiated,

the consistency is decidedly increased, at times it is even of cartilaginous hardness. In most cases this thickening extends from the epididymis to the cord; occasionally, however, there is an intervening normal portion between the epididymis and cord. The surface is sometimes smooth, sometimes uneven or tumor-like. The tumor, as a rule, is sharply defined, solitary and unilateral; at times there are two, separated one from the other, sometimes touching each other. They are generally round or oval, varying in size from that of a cherry to that of a goose egg. With the large gummata, they extend into the inguinal region, or may involve the inguinal canal. A certain amount of pain, either spontaneous or due to pressure, may be present. When the tumors attain the size of the testicle, the skin will be stretched, the folds of the scrotal skin will be more or less obliterated, slightly reddened, without any marked symptoms of inflammation. At the external ring can be felt a constriction, sometimes superficial, sometimes deep. In large gummata which extend into the inguinal tract the coverings of the cord are changed, just as they are in gummatous orchitis.

"The diseases of the testicle and epididymis come chiefly into consideration in the differential diagnosis. In those extremely rare cases of independent syphilitic diseases of the cord, the presence of other symptoms of syphilis and evidence of previous syphilitic diseases are to be considered. In some cases the diagnosis can only be made by the result attained by anti-syphilitic treatment."

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Discussion on the Papers of Drs. Markley and Campbell.

Alexander Hugh Ferguson, of Chicago: Mr. President. The last paper we have just heard brings forward a subject which is very important, and the condition dealt with is not usually very easily recognized at first. Dr. Campbell has taken up the subject of gumma of the spermatic cord very thoroughly, because I have gone over the literature recently as I have had one case, the first I have ever had.

A man presented himself with a history of syphilis, with a mass the size of the testicle at the inguinal region, and at the point of the cord at the internal ring it was very firm, not tender to the touch. The patient having given a history of syphilis, this cleared up the case.

The paper of Dr. Markley is also interesting, because a great deal might be said regarding tuberculosis of the bladder. The bladder is very immune from tuberculosis as it is from all forms of infection, and this has been recognized for a long time. Cases come to us with a great deal of irritation of the bladder, with supposed inflammation of the organ, when the bladder itself is not involved, but the chief lesion is either in the kidney or in the prostate. Not long since I removed a kidney for tuberculosis, the patient having been sent to me with a diagnosis of inflammation of the bladder. Tuberculosis of the kidney had been overlooked, for which the patient was operated.

I am indebted to Dr. Klebs, Senior, for the suggestion of using chinasol for washing out the bladder frequently, say two or three times a day, allaying irritation as much as possible, and making local applications through the cystoscope twice a week. This agent is a powerful antiseptic. It can also be used in the rectum, ten per cent. or rather ten grains to the pint of water, and a pint and a half put into the rectum every night. It is absorbed and secreted by the kidney, and it acts beneficially on the bladder. I think it is better to give urotropin internally.

It is no longer necessary to do the extensive operations that we used to do in order to drain the bladder in these cases, such as colpocystotomy. I recall a case where colpocystotomy was performed for tuberculosis of the bladder, the tuberculosis having extended to the incision and vaginal wall, and the operation did a great deal of harm. It is also no longer necessary to do suprapubic cystotomy on the female in order to drain the bladder, but this can be done through the urethra, and the ulcers can be cauterized with carbolic acid or the actual cautery and the diseased spots

touched. So I think circumscribed tuberculosis of the bladder is fairly well under our control, even though it is obstinate. In the male, again, it is better to do perineal section and through the perineal opening we can treat the bladder instead of doing suprapubic cystotomy. I recall two recent cases of tuberculosis of the bladder in males, in both the disease having extended from a tubercular epididymitis. I removed the epididymis on both sides, leaving the testicles removing the vas deferens on both sides through the inguinal canal region to the base of the bladder, clearing everything until I reached the base of the bladder, and through a median incision removed the vesiculæ seminales and prostate and drained through the perineum. Within four or five days thereafter drainage was dispensed with. We can use drainage inside the bladder, and all parts infected with tuberculous tissue can be curetted and local applications applied. This field of surgical work has greatly broadened of late years, particularly since cystoscopic examinations have come into vogue.

MEDICAL INSPECTION OF SCHOOLS.*

BY MARTHA ANDERSON, M. D., MOLINE, ILL.

Medical Inspection of Institutions was known to the Ancients and was practiced in Rome, Greece and Egypt at an early date. Since the 12th century physicians have served as sanitarians and visited the schools from time to time, but the results until recent years have been meagre. In 1874 in Brussels weekly inspection was instituted and attention was given to hygiene, sick children and especially transmissible diseases. The results were apparent; and between 1874 and 1880 nearly every country in Europe revised its regulations in regard to hygienic and medical inspection of schools or formulated new ones. The Brussels movement was the first that was complete and systematic, and from that has developed the system in vogue at the present time.

The ancient system aimed at the cure of disease, the modern at prevention and spends its energies on the public schools—the focus of the spread of contagious diseases. That it has passed the experimental stage is proven. It has been tried in a number of our large cities with one result—

*Read at the Meeting of the Rock Island Medical Society, January 21, 1902.

a marked decrease in the spread of contagious diseases in the schools. It has long been recognized that schools are an important factor in the spread of these diseases—here we have a large number of people confined in a small space, ventilation is often inadequate, the children are of a susceptible age, and in work and play they come in close contact with each other and often use articles in common, the road from hand to mouth is an easy one, and from mouth to some article in common use. The common drinking cup and towel each play their part. Therefore, the influence of schools upon the spread of contagious diseases and the necessity of taking greater precautions to prevent such spread are questions of serious import to us. The inauguration of such work usually comes within the function of the Boards of Health whose privilege it is to organize and conduct such work, yet no less does it claim the attention of physicians and public educators.

Medical inspection was first tried in the Philadelphia parochial schools some years ago, but was given up on account of a mistaken and not well founded opposition. Philadelphia was ahead of the times and had to wait for Boston to second its attempt. The Boards of Health of Boston and New York conducted preliminary investigations to test the value of the system and the Boston board published tables, arranged by months, of all cases of diphtheria reported in the city in 19 years. There was a variation of 1600 cases reported in any two months and the smallest numbers were during the summer vacations. The total for the 19 years was 3339 in January, the highest number, against 1765 in August, the lowest 1514. Similar scarlet fever records for 20 years showed 3107 cases in January, the highest number, against 1208 in August, the lowest 1899. In 1890 the Boston board recommended daily medical inspection of school children for the detection of contagious and other diseases. In 1892 it was brought before the city council and an appropriation secured, but a delay of several

months occurred and it was not until the outbreak of a severe epidemic of diphtheria in 1894 that it was adopted as a city protective measure.

In 1896 daily medical inspection was begun in Chicago and so much benefit resulted from the first attempt that the Health Department determined "to continue the work to the full extent of its resources."

In New York medical school inspection was agitated in 1872 but nothing definite was done until after Boston's experiment in 1894. In '96 Dr. Charles F. Roberts, sanitary superintendent of the Board of Health of New York City, imparted to the board his belief that the greatest source of the transmission of the contagious diseases among children was through contact with one another at school and that this evil could be best overcome by systematic daily inspection of the children by medical inspectors of the health department. As a result of the experience in Boston the New York board also made a preliminary investigation in order to obtain definite data as a basis for action. The investigation proved so entirely satisfactory that application was made for the appointment of one chief inspector and a staff of 150 to serve during the school term each year. Regular systematic inspection began in 1897.

Washington, St. Louis, and other cities and towns have since followed these examples. Brussels has adopted the system and it is now being introduced into Europe as the "Boston Plan."

In Boston the medical school inspectors are appointed by the Board of Health and they act as agents of the board. They visit the schools of their respective districts daily as soon as possible after the opening of the morning session and examine all pupils who complain or appear to the teachers to be ill. This may seem a weak point in the system but it was felt that the teachers who were continually with the children would be more liable to notice a child that was "ailing" than would a physician in making the hasty examination that he would be obliged to make if he

attempted to see them all. The teacher picks out the ailing child and the doctor examines it to find out what the ailment is. Practically this plan has worked well although the result depends somewhat upon the conscientiousness and keenness of observation of the teacher. Another weak point in the system is the fact that any contagious disease which comes to the school has the opportunity, during a varying time, to infect the other pupils before the disease is recognized. Still, owing to the shortness of time and in some cases to the good judgment of the teacher in isolating for that time a suspicious case, the result is fairly satisfactory. The child is examined by the inspector and if it appears too ill to remain in school the teacher is advised to send it home with a note to the parents advising that the family physician be called. If it shows any symptoms of a contagious disease it is ordered home at once. No diagnosis is given the parent except enough to explain the action taken. No treatment is given except in emergency cases, unless it be advice for some minor condition as pediculosis. In no case does the inspector encroach upon the rights or duties of the family physician. Each inspector keeps in the custody of the principal of that school a record of the pupils examined and the diagnosis made. He also gives such professional advice as may be required by the teachers to aid them in carrying out all laws and regulations pertaining to contagious diseases, vaccination, and general school hygiene. Such questions will come up as the common use of towels and drinking cups which we must condemn, the frequent washing of floors, washing the seats, desks and door knobs with some antiseptic solution, etc.

The medical inspectors being agents of the Boards of Health will, on notification of the board, visit all cases of diphtheria and scarlet fever in their homes for the sole purpose of examining places and plans of isolation and as such agents will report to the board their approval or disapproval of the same. A card is left for the attending physician thus informing him of the official

visit. Such medical agent will not prescribe, advise, or criticize anything beyond that which pertains strictly to the isolation of the patient and will carefully avoid any word or act which may be construed as an infringement upon the rights of the family or attending physician. Here the inspector is placed in a difficult and sometimes embarrassing position. Sometimes this investigation is best undertaken in company with the family physician. No case of scarlet fever or diphtheria will be discharged from isolation until its complete recovery is certified to the Board of Health by one of its medical agents and such certificates of recovery will be based upon the complete disappearance of desquamation in cases of scarlet fever and on the absence of the Klebs-Loeffler bacillus in cases of diphtheria.

Incidentally other duties come up. They examine and issue certificates of vaccination to such pupils as enter school without the required certificate. They vaccinate pupils who have not been vaccinated if after suitable inquiry the family is found to be in real poverty—not otherwise. They also advise the teachers with reference to the return of pupils to school after an absence for sickness when the only evidence in possession is a note from the parent, or when the note from the family physician does not comply with the rules.

The inspectors report to their chief once a week.

For use in the work the Board of Health supplies blanks, culture outfits, and wooden tongue-depressors so that a separate one is used for each child. The use of a thermometer is rarely necessary.

The results of inspection speak for themselves. In the first few months of inspection in New York City 63812 children were examined and 4183, over 6 per cent. were excluded because of contagious diseases. Contagious eye diseases ranked second—702.

In the 24th Annual Report of the Boston Board of Health we find this statement: "It has been demonstrated that there are not only many cases of contagious diseases

to be found in school and which require early recognition and removal but that there are a large number of school children whose illness and indisposition requires the decision of a competent physician. The work has disarmed all opposition and so far as we know has the approval of the school government, and the community at large, and has fully met the expectations of the Board of Health. In the first 14 months out of 16760 pupils examined 10737—64 per cent.—were found more or less sick and 2041—almost 20 per cent. of those sick, were too ill to remain in school.” A large number were suffering from oral and respiratory diseases and a number from specific infectious diseases. A special examination of one school for parasitic diseases of the head showed 74 per cent. affected. In 1897 the efficiency of the inspection was proved in holding in check an epidemic of diphtheria. A primary school of 40 pupils had 14 of its number attacked with diphtheria in 18 days, all from one room. Of the 14 cases 7 were discovered by a medical school inspector, and 3 of these only by cultures. All suspicious cases were dismissed from school and recommended to the care of their family physicians. The next morning every child was examined and many cultures taken. The class was then dismissed from Thursday till Monday and the rooms disinfected and cleaned. For 10 days after the return the throat of every pupil was examined by the medical inspector when the children first assembled in the morning, and no pupil who had been absent with any suspicious symptoms was allowed to return until it was proved by a negative culture that there could be no danger. As a result of these measures not a single case of diphtheria resulted beyond those known to have been infected at the time the epidemic was discovered. A similar experience with scarlet fever occurred later. After 2 1-2 years of the work Boston reported the plan as constantly growing in favor with the medical profession, among the school teachers, and in the community at large.”

In Chicago during the first year 4023

cases of contagious diseases were found and insanitary conditions in 63 public schools were reported to the Board of Education. Mr. A. Heath, a commissioner of Chicago, says: “The first attempt at supervision of the health conditions of 200,000 of the population at the most impressionable age has resulted in so much benefit that the department will continue the work to the full extent of its resources.”

In order to make the system effective the inspection should be carried out not only in the public but also in the private schools and especially the kindergarten as in them the danger of spreading the disease by a single case is much greater, both by direct and indirect infection because, on account of methods of teaching, these children are brought into much closer contact with each other, they use in common a large number of articles which are very liable to become infected, and they are of the age most susceptible to contagious diseases.

Expense is an item of course and where it is impossible on account of lack of funds to carry on a complete investigation the work should be begun in the kindergarten and lower grades to include all children below ten or twelve years of age. Boston, Washington, and some other cities pay each inspector \$200 annually. New York pays \$300. The number of pupils to each inspector is from 1000 to 1400. In Chicago the work is more extensive and the salary is \$50 per month.

It has been estimated by authorities on the subject that 70 per cent. of epidemics might be prevented by a proper system of medical school inspection. The law provides that small pox, scarlet fever and diphtheria be excluded from school. There are many other diseases undoubtedly contagious upon which the law requires no report—namely, the four diseases that inspection has thus far shown to include the largest number of school cases—parasitic diseases of the head, contagious eye diseases, follicular tonsillitis, and oral and respiratory diseases, and further measles, mumps, chicken-pox, whooping cough, rubella, skin diseases, influenza, meningitis and tubercu-

losis. The main purpose of the Board of Health is undoubtedly the preservation of life, but at the same time the community has a right to demand the best possible protection against the above named contagious diseases, and the incident interruption to the school life of the child. Just recently in our own town (Moline) we had a child absent from school for several days and on her return she informed the teacher that she had had scarlet fever. Upon investigation it was found that no doctor had been employed, the case being a mild one, and that the child had returned to school while desquamation was still in progress. Needless to say the City Superintendent was notified and the case promptly reported to the chief of police who took the matter in hand. But vigilant as these officers may be they can not act as promptly nor as accurately as a medical inspector and during this delay the danger of contagion is greatly increased.

Another case might be cited—a pupil sought medical advice for a “cold” she had had for some time. On examination of the patient marked signs of pulmonary tuberculosis were apparent. Examination of the sputum revealed the presence of tubercle bacilli which were being freely expectorated in various places. The case was reported to the School Board but they were powerless to act as the school law concerning contagious diseases does not include tuberculosis. The only result was advice by the physician to remain at home and request by the school board to the same effect. Here we have a communicable disease which destroys 150,000 of the inhabitants of the United States every year, and yet the means for its prevention and extermination are well understood and simple of execution. Hence it is of the greatest importance that the list of excluded diseases be enlarged and tuberculosis especially included. Have we not as physicians who know the dangers, as instructors of the people, and as citizens the right to request—to insist—that these laws be changed? And there is no better way to do it than through our medical societies.

Up to the present time the lack of laboratory facilities has been a drawback to us in the early recognition of some of the specific infectious diseases, but now that a laboratory has been established in our midst and such facilities are within our reach we have not the excuse we had in the past.

Medical inspection will also detect many diseases and conditions that have not been considered necessary to exclude from school. A number of these have been reported from the Boston schools—adenoids, anaemia, abscesses, chorea, enlarged glands, enlarged tonsils, Pott's disease, defective hearing and eyesight. Often a child at school is considered dull and stupid when he is really suffering from defective hearing. Fortunately within the last few years our National Education Association has established a branch on Special Schools. In July, 1897, Mr. Alex. Graham Bell in a paper on the education of the deaf, made a plea for the establishment of special schools for the deaf, containing small numbers and centered at convenient points. I am glad to say that Rock Island has such a school in progress and Moline is making plans for one. Dr. Risley of Philadelphia, has made special investigations along the line of defective eyesight and the following statement is from him: “Many a school boy, idle only at his books, dull only in the recitation room, is so because he finds the continued use of his eyes a painful task.” All such defects ought to be discovered so that the parents may if they choose give their children the advantage of such treatment as will benefit them.

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RURAL BACTERIOLOGY.

To the Editor:

Sir:—In the May number of the Colorado Medical Journal is an article entitled: "Suggestions to 'The Country Doctor' as to How and Why He Should Equip Himself for Bacteriological Work," by H. G. Sigman, M. D., of Rocky Ford, Colo., a town with a population of 1,500. This is an important and helpful article for country doctors who are inclined to do bacteriological work, and why should not most of them be inclined to at least make such use of the microscope as will familiarize them with some of the bacteria that exist in great profusion in every locality. We can realize the importance of this subject when we understand that the earth is a great bacteriological laboratory in which the microbes themselves are the laborers and the products they turn out are food for plants, without which all plant life would cease to exist.

These beneficial microbes are of course the most numerous, but under certain conditions some of these become dangerous enemies, especially during the summer months.

Pathogenic bacteria are easily obtained, and in our present state of knowledge so easily prepared for examination under the microscope that a little enthusiasm and perseverance ought to enable one to do accurate work even if he is located in the country. And in view of the fact that the practice of medicine and surgery and preventive medicine are so largely based upon the science of bacteriology every doctor should become acquainted with the bacterial world by actual observation of the germs under the microscope. This is especially necessary in preventive medicine. How can we realize the presence of a lurking foe whom we have never seen nor can see the slightest evidence?

We have read of puerperal infection, we have been taught that it is caused by microbes, we have never seen any microbes nor can we see them, there are none here perhaps and we will not take aseptic precautions. We take the risk, our patient takes the disease, loses her life perhaps, and we hardly understand how it was. But if we had studied bacteriology and had examined the atmosphere, the dust from the floor, from the bed clothes, from every article in the room perhaps and found them all full of microbes, and had viewed them until our mind's eye could see them, myriads of them everywhere, we would then be in condition to

adopt preventive measures, for we would then realize the danger and would guard against it. The bacterial world is so interesting that we cannot afford to be acquainted with it only in a second hand way. We never should be satisfied until we possess at least a passing acquaintance from actual observation under the microscope of the different varieties of germs. We should also obtain some knowledge regarding the biology of both the beneficent and the pathogenic varieties. The author of the paper referred to states that any of us could make a bacteriological examination in a suspected case of diphtheria within the time it would take a specimen to reach the bacteriologist in the city. This is true, I believe, and but a small outlay would be required. "The equipment for this work," he says, "need not be elaborate, but should consist, first, of an acquaintance with the principles of bacteriology, and next, a few standard works of reference as 'Abbott's Principles of Bacteriology,' or 'McFarland's Pathogenic Bacteria.'" A sterilizer for the sterilization of instruments and media tubes especially prepared for taking the specimens, culture media for making the cultures, an incubator for the cultivation of the various germs, stains for preparing specimens for microscopic analysis, and a microscope "with accessories are further requisites." He also mentions specimen tubes for collecting specimens, culture media for growing colonies, in tubes ready for inoculation, stains for preparing cover glass specimens of the various germs, which take stains differently. All of these can be procured of supply houses for a comparatively small cost. The author also suggests that one man in each county should be specially prepared to do this work for those who do not care to do it, or who do not find time to devote to such investigations. This is true, and I would suggest that those furnishing specimens would make the examinations more interesting to the examiner if they would enclose a reasonable fee with each specimen.

Columbus Barlow, M. D.

Robinson, Ill.

QUARTERLY REPORT OF PUBLIC CHARITIES.

The movement of population shows there were 10,445 inmates present in the institutions, and 341 on parole at the beginning of the quarter. It also shows 735 new admissions, 242 former inmates readmitted, 389 absentees returned, 433 discharges from the institutions, 245 discharged while on parole, 163 deaths, 29 temporarily absent, 633 on parole at the end of the quarter and 10,644 present in the institutions December 31, 1901. The average number present was 10,683.

The total per capita cost of maintenance, gross, was \$41.62. Deducting the receipts not from appropriations, the net per capita cost to the State was \$38.38.

The amount of appropriations in the State treasury undrawn at the beginning of the quarter was \$3,870,274.31. The amount drawn during the quarter was \$587,527.93, leaving \$3,282,746.38 undrawn January 1, 1902.

The Illinois Medical Journal.

The Official Organ of the State Medical Society.

EDITOR—George N. Kreider, M. D., Springfield.

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Decatur Medical—C. Martin Wood, M. D.
East St. Louis—C. W. Lillie, M. D.
Jacksonville Physician's Club—D. W. Reed, M. D.
Peoria Medical—E. M. Eckard, M. D.

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Vermilion County—E. E. Clark, M. D., Danville.
Wabash County—J. B. Maxwell, M. D., Mt. Carmel.
Warren County—Adella R. Nichol, M. D., Monmouth.
White County—W. A. Steele, M. D., Carmi.
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Williamson County—G. W. Evans, M. D., Marion.
Winnebago County—S. R. Catlin, M. D., Rockford.

CHICAGO SOCIETIES.

Academy of Medicine—J. G. Kiernan, M. D.
Electro-Medical—Richard H. Street, M. D.
German—Karl Doepfner, M. D.
Gynecological—C. S. Bacon, M. D.
Medical Society—F. X. Walls, M. D.
Medico Legal—N. S. Davis, Jr. M. D.
Neurological—C. H. Lodor, M. D.
Ophthalmic and Otollogical—J. A. Woodruff, M. D.
Orthopedic—Edwin W. Ryerson, M. D.
Pathological—Geo. H. Weaver, M. D.
Physician's Club—L. H. Mettler, M. D.
Rhinological and Laryngological—J. E. Rhodes, M. D.
Rush College—J. B. Herrick, M. D.
Society of Internal Medicine—Robt. B. Preble, M. D.
South—J. S. Davis, M. D.
Southwestern—Thos. J. McGonagle, M. D.
Surgical—D. N. Eisendrath, M. D.
West—Gustavus M. Blech, M. D.

All communications should be addressed to the Editor, 522 Capitol Ave., Springfield, Illinois.

The Society does not assume responsibility for any statements or opinions published in the JOURNAL.

The JOURNAL is published monthly. The subscription price is \$3.00 per annum in advance. The JOURNAL is furnished free to the members of the Society.

Entered at the postoffice in Springfield as second class matter.

FEBRUARY 1902.

TWO SOCIETIES IN THE SAME TERRITORY.

It occasionally happens that medical brethren fail to live together in that peace and unity which is commended so highly in Holy Writ. How to harmonize these dissensions is one of the serious problems of medical organization. Officers can not take sides in the controversy. They can only hope to treat both contestants fairly and alike. To this end the able chairman on revision of the Constitution and By-Laws suggests the following amendments to the

By-Laws which he will submit at the next annual meeting.

"Rival societies (or associations) occupying the same, or much the same, territory may be recognized by this Association, providing however that for purposes of representation physicians belonging to both of these societies shall be counted only with that society with which, at the time, they have held the longest continuous membership, but delegates shall not be received from either of the rival societies until this

Association shall have been furnished by the officers of said society with an accurate list of the members entitled to be counted for the purpose of representation."

One of the highest functions of the Association is to secure the thorough organization of the profession and to promote harmony, therefore, it must encourage all legitimate medical societies and it must avoid taking part in local rivalries or disputes of every character. The above By-Law if adopted will it is believed appeal to most men as fair and will eventually, in many cases, remove the causes of the rivalry.

He suggests also another By-Law that he feels sure will be of great advantage to state societies and also be useful to the national organization—as follows:

"There shall be a committee comitatus of which the chairman of the committee for legislation shall be chairman. This committee shall consist of the committee on legislation and of all other regular members of the Association who may choose to meet with it. It shall be the duty of this committee to meet on the day preceding the annual meeting of the Association, at the place of such annual meeting, to consider all subjects of interest to the Association that may be brought before it, and to present its report to the house of delegates on the first day of its annual meeting. This report shall be made the first item of miscellaneous business for that meeting."

THE STUDY OF IMMUNITY AND OF ENZYMES.

There are two kindred subjects with which investigators are actively engaged at present, the study of immunity and of ferments. Many of the ferments have not been isolated as definite substances with physical properties of color, consistency,

etc., but their existence is well known through their activities. The study of immunity has received great impetus by the removal of considerable of its difficult technic from the bodies of animals to simpler apparatus. Pfeiffer's phenomenon of the solution of bacteria in the peritoneal cavity of immune animals was transferred by Metschnikoff to the test tube and soon thereafter became widely known in another guise, the useful Gruber-Widal reaction for typhoid fever.

Through the work of many investigators, chief among whom is a pupil of Metschnikoff's, Jules Bordet, it was ascertained that the process concerned in the destruction of bacteria in the bodies of immune animals are much easier studied by substituting red blood corpuscles for bacteria. The red corpuscles are much larger; the various constituents, stroma, hemoglobin, and cellular fluid are more readily separated from one another, than is the case with components of such vegetable cells as bacteria. It has been ascertained that hemolysis, by which is meant the diffusion of the hemoglobin from the red blood corpuscles into the fluids, may occur in two ways; for certain animals the blood serum of animals of a different species is naturally hemolytic, e. g., eel's serum is highly hemolytic for mammals. In other animals an artificial hemolytic serum is produced by the repeated injection of alien serum; guinea pig's blood serum has little or no effect on rabbit's red cells, but if the guinea pig be injected at intervals with rabbit's blood there is developed in its serum a toxin that is globulolytic for rabbit's red blood corpuscles and for those of no other animal. This acquired hemolysis has been called "hemolysis by immunization."*

* S. J. Meltzer, Hemolysis, Medical Record, 1901, LX, 161.

This is an unfortunate and confusing phrase; for the terms immunization and immunity belong and refer to the protective power conferred by bacteria, toxins or antitoxines of those diseases to which man and the lower animals are *usually* susceptible.

Sera with protective qualities for cellular toxins, anticytotoxic sera, have been obtained and an analogy between them and the protective sera for bacterial diseases is established; this fact is in strict accord with the previous knowledge of a similarity between bacteriolysis and cytotoxicity. In connection with the researches to demonstrate these truths a new, quite technical and rapidly increasing nomenclature has arisen. Lysins are autolysins if inimical to cells in the body that produced them, isolysins when specific for animals of the same species and heterolysins when toxic for the cells of another species of animals. The processes of agglutination and precipitation may occur independently or accompany the solution of bacteria or cells and agglutinins and precipitins with the names analogous to the lysins are discussed at length by investigators in this new field.

One of the most valuable products of these inquiries is a specific and delicate test for human blood that distinguishes it with absolute certainty from the blood of practically all other animals; a single exception has so far been found in the blood of monkeys. The reaction depends upon the production in an animal of a specific precepsin by repeated injections of human blood.

Another product is the elaborate and complicated "side-chain" theory of immunity originating in the fertile mind of Ehrlich, already well known from the

originality of his work with anilin dyes and their reactions with animal cells. This theory is rapidly gaining notice in standard text-books. It will be interesting to observe the modifications or laborations that Ehrlich's theory will undergo by such explanations of the phenomena of cytotoxicity and bacteriolysis that, in all likelihood will result from researches in physical chemistry.

Baumgarten, Fischer and others claim that the destruction of the bacterial cells is due to disturbances of osmosis and assimilation causing the protoplasm to leave the cell and split up into minute particles, a process of plasmolysis. Meltzer also, has discovered that when bullock's serum, which normally is hemolytic for rabbits, is allowed to remain in the peritoneal cavity of such animals, it loses part of its toxicity; a change that is apparently due to the absorption in the rabbit's abdomen of the alexin of Buchner and Bordet—the compliment of Ehrlich—from the bullock's serum. He believes this loss in hemolytic power is more easily explained by osmosis and imbibition than by chemical changes. Thus the so-called "vital" processes make way to fixed laws of science; progress in this direction will be greatly hastened by a fuller knowledge of those conditions that govern the actions of ferments or enzymes, for it is to the presence of certain members of this class that immune sera owe their therapeutic value.

THE PROFESSION AND THE PIRATES.

Astonished at the number and audacity of the persons using the title of doctor of medicine to impose upon the unsophisticated invalids of the state; indignant that the good name of the profession should be thus dragged in the mire we undertook

in the last Novémber and subsequent issues of the Journal to arouse our readers to a realization of the enormity of this evil. A perusal of the columns of this issue will show that our efforts have not been in vain. The McLean County Society, the Decatur Medical Society and the Sangamon County Society have each taken action which bodes evil for the pirates who have too long been left unhindered to ply their unlawful practices. In Adams County one of these gentlemen has been brought to bar but whether the County Medical Society has taken any active interest in this case we have not as yet been advised. We learned of this case through the following newspaper account:

Quincy, Ill., Jan. 24.—Dr. A. A. Warren of Chicago was indicted by the grand jury here today on a charge of working a confidence game. Warren, it is said pretended to represent the Lake Side, the South Side and Wesleyan Hospitals, in Chicago. It is charged that he secured notes in payment for promised medical treatment, while as a matter of fact, he had no connection with the hospitals in question.

In Sangamon County one Dr. L. R. May, also known as Louis R. May and L. Robert May was indicted by the grand jury in September last on a charge of working a confidence game on complaint of John Mullady, of Buffalo Hart Township. The indictment was returned in October last but no action seems to have been taken until January when May surrendered himself to Sheriff Woods and was placed in jail in default of one thousand dollars bail. The following day he was brought before Judge Creighton and released on a bond of five hundred dollars which the newspapers state was furnished by members of a local lodge of Knights of Pythias. Mr. Mullady states that he will prosecute the case to a finish. In this commendable work he will have the active influence and support of some scores of persons who have been visited by Dr. May

during the past two years, and of the members of the Sangamon County Medical Society. A great deal of valuable testimony has been collected for use in this case should he appear for trial. During the past few weeks May has been working in Macon County. At the last meeting of the Decatur Society the president was directed to and did appoint a committee to interview the sheriff and urge the prosecution of those persons now practicing illegally in the city.

The McLean County Society appointed a committee of three active members to investigate the flagrant abuses of their privileges among itinerant and irresponsible practitioners and to look after the violators of law and decency. We need only reiterate the statement made last month viz: a little well directed energy on the part of the honorable professional organizations will rid the state of these men. Moral: Organize in every county.

Correspondence.

REORGANIZATION OF THE SOCIETY.

Chicago, Ill., Jan. 7th, 1902.
Editor Illinois Medical Journal.

Sir: While all members of our State Society are glad and proud of the recent increase in numbers and efficiency of our State Society, we are at the same time greatly interested in its continued prosperity and promise of its increased usefulness. Three events seem to be responsible for the awakening of the Society and of our hope of its future.

The first was the work of our legislative committee. While the efforts of the Committee have not been successful in securing all that it has set out to accomplish yet the mere fact of its existence has served to remind us that the medical profession working through its proper organization can exert a powerful influence in molding opinion and legislation.

The second event was the establishment of our Society Journal. Through its regular visits we are brought in contact with our colleagues from all sections of the state, and a community of interest is established that was before unrecognized. I feel that we are all greatly obliged to you and Doctor Weis for starting the Journal on the right lines and gradually improving it in contents and value. It must necessarily differ from The Journal of The American Medical Association much as the State Legislature differs from the National Congress. I feel that it is as important to the profession of the State in its own sphere as is the Journal of the National Association. While we may appreciate what it has done in its first two years of existence I believe many of us fail to understand its possibilities in the future.

While these two events have already shown their influence to some extent the third to which I would allude has a most important bearing on the future of the Society. I refer to the proposal for the re-organization of the Society. The efficient stimulus to this movement was given by the Committee on re-organization of the American Medical Association, which made the proposition that the State Society should be constituted of all the members of the local societies. This led at the Peoria meeting to the proposal to appoint a committee of five to formulate a plan of re-organization by preparing a revision of the constitution and by-laws so that, first the work of the Society may be divided into two parts: scientific and general business, second that membership in the local societies shall constitute membership in the State Society.

Believing that the work of this Committee should if possible be given to the members of the Society for study and discussion before the next annual meeting I wrote Dr. E. F. Ingals, Chairman of the Committee asking him if it were possible that the conclusions of his Committee could be presented to the members of the Societies and par-

ticularly the local societies before the Quincy meeting. I suggested that it would be important to have the feeling of the local societies on the proposed revision known before action was taken and suggested that favorable action on the part of a few of the more prominent County and District Societies would ensure its adoption in May. To this letter Dr. Ingals replied endorsing the plan of a preliminary discussion of the subject and agreeing upon the importance of a favorable action of local societies.

The object of this letter is to call the attention of your readers to the importance of the proposed re-organization and especially to the urgency if any decisive action be taken at our next meeting.

The importance of uniting all members of the profession of the state into one powerful society has been well stated in Dr. Simmons' report to the American Medical Association before referred to. It is probably admitted by all and need not be emphasized further.

The objection that has been made by yourself, Mr. Editor, in your editorials on the Connecticut State Society and other state societies is not I believe very difficult to answer. That the Connecticut State Society has so little political influence is certainly not due to the fact that the society includes all members of local societies but rather to its lack of organization. A state Journal and a Legislative Committee would I believe transform this society into an efficient political force.

The chief difficulty in the proposed change in membership lies I believe in the problem of finance. It is proposed that the county and other local societies shall support the state society, or in other words collect sufficient dues from their members to maintain themselves and the State Society. It was assumed by the Committee of the American Medical Association that a Dollar a member would be the proper amount for the State Society. Whether this amount is sufficient to support the State Society and its Journal or not is one of the questions that should be figured out

before our Quincy meeting. That involves of course a careful estimate as to the future cost of the Journal as well as of its earning capacity from advertisements.

Then the question of the proper amount of dues necessary for each local society must be determined in each individual case. The obligation and financial responsibility of the local societies to the state society must be carefully formulated.

Is it not evident that the question of reorganization should be carefully considered by each of the local societies or at least by the larger and more influential ones before the May meeting? I hope that this consideration will justify this long communication.

Very truly yours,
C. S. Bacon.

DR. CORR ADVOCATES A JOURNAL OF STATE
MEDICINE AND SANITATION.

East St. Louis, Ill., Jan. 15th, 1902.

On every hand, in many papers and discussions before societies, references are made that indicate a felt need in some way of educating the people along the lines of State Medicine and Sanitation. Such reference was forcibly made by Dr. Webster, now president of the State Board, in his paper on Tuberculosis, before the last session of State Society. In Dr. Bulkley's paper in Jour. A. M. A. last year on Extra Genital Syphilitic Infection, very strong references were made to such a need, in order that the innocent, from a better understanding of some things that might be expressed in popular language about syphilis, might know something of how better to protect themselves. The reasons that might be urged for such in reference to these two diseases are strong and cogent, but are not all. The question of such popular information has frequently engaged the mind of our State Society. Dr. Ingals made it a strong point of allusion in his presidential address in '93 and was made chairman of a committee to devise some plan, to report the subsequent year.

Therefore, I think it would be well for such a topic to engage our minds. In the meantime, I think the most appropriate and efficient thing to do would be that the State Society encourage, in some way, an enterprise for the organization of a Illinois Journal of Health, that should have for its scope of discussions all that pertains to State Medicine and Sanitation, and inasmuch as crime is done to mental and nervous degeneracy, acquired or congenital, the subject of criminology should be embraced in its scope also.

The ways and means of instigating and conducting such a Journal I will not enter into here, but to my mind, and others with whom I have conversed on the subject, there are few objects, among the essentials to our full progress, and necessary to our taking and maintaining a front position among the States in sanitary matters, that are more worthy of our consideration and co-operation than the organization of such a Journal.

To my mind it is the only thing that will fulfill the requirements, and I hope this suggestion will initiate such agitation as will result in its accomplishment in due time.

A. C. Corr.

New Members.

Members of Chicago Medical Society.

Cook, John C., Rosalee Court.
Cox, Stephen W., 1315 Jackson Blvd.
Mahoney, G. W., 100 State st.
Slaymaker, S. R., 100 State st.
Swenson, Carl G., 318 E. Division st.
Porter, Robert H., Vendome Hotel.
Quirk, J. J., 103 State st.
Ryerson, E. W., 103 Lincoln Park Blvd.
Turck, Fenton B., 362 Dearborn ave.
Asbury, T. M., New Haven, member Southern Illinois Medical Association.
Baumgartner, M. M., Freeport, member Stephenson County Medical Society.
Chrisman, W. D., Lafayette.
Foster, C. T., Rock Island, member Medical Association of Rock Island county.
McKandless, W. L., Pinkneyville, member Southern Illinois Medical Association.

Neer, D. S., Beaucoup, member Southern Illinois Medical Association.
 Sabin, F. A., Anna, Union County Medical Society.
 Sams, J. H., McClure, Southern Illinois Medical Association.
 Ludewig, W. H., Rock Island, member Rock Island County Medical Society.
 Swensson, J. G., Moline, member Rock Island County Medical Society.
 Vick, J. M., Carterville, Southern Illinois Medical Association.

New Subscribers Not Members.

Julius Young, 261 Lincoln ave., Chicago.
 F. L. B. Jenney, Marquette Bldg., Chicago.
 Kate I. Graves, 5663 Washington ave., Chicago.
 Arthur Loewy, 305 Marion st., Oak Park.
 Albert E. Mowry, Indiana ave. and 35th st., Chicago.
 M. H. McGrath, 1022 Adams st., Chicago.
 C. V. Massey, 1626 Barry ave., Chicago.
 J. D. Kales, 502 N. State st., Chicago.
 W. H. Ten Broeck, Paris.
 W. T. Dickerson, West Liberty.
 Geo. F. Johnson, Colona.
 Chas. R. Scott, Belvidere.
 Louis F. Hollands, Wheaton.
 Ralph Hanson, Lewistown.
 J. C. Hudspeth, Vera.
 R. L. Kurtz, Neoga.
 I. W. Hall, Camargo.
 E. H. Higbee, Roodhouse.
 S. E. Williams, New Bedford.
 J. A. Bauer, Germantown.
 P. W. Rose, Simpson.
 F. W. Beilstein, Morton.
 J. P. Brown, Benton.
 E. H. Toole, Quincy.
 W. B. Guagi, Monroe, Wis.
 John Gabraith, Cobourg, Canada.
 B. Merrell Ricketts, Cincinnati, O.

New Incorporations.

The Secretary of State at Springfield has licensed the following corporations:

United States Truss company, Chicago; capital, \$5,000; manufacturing deformity appliances; incorporators, E. E. Rohrabach, Charles P. Clifford, Charles A. Klotz.

McCarr Medicine company, Chicago; capital, \$5,000; manufacturing medicines; incorporators, Charles A. Winston, Fayette S. Munro, Rudolph H. Wollner.

Dr. Auld Medical company, Chicago; capital, \$10,000; to manufacture and deal in drugs and medicines. Incorporators, Isadore Lasker, J. C. Wilson, William Slack.

Memorial Institute for Infectious Diseases, founded in memory of John Rockefeller McCormick, Chicago; not for profit; study and treat-

ment of scarlet fever and other infectious diseases; incorporators, Frank Billings, Charles L. Hutchinson, and Stanley McCormick.

Universal College of Midwifery and Academy of Modern Science, Chicago; not for profit; educational; incorporators, Joseph Leszczynski, Alexander Wittort, Wojciech Tubielwicz.

Chicago Lying-In Hospital and Dispensary, Chicago; number of directors decreased from eleven to nine.

Dr. Whyte Associated Specialists, Chicago; name changed to Goat Lymph Sanitarium association.

Local Societies.

The Winnebago County Medical Society held a regular meeting at Rockford, Jan. 14, 1902.

Program: Pericarditis, Etiology and Pathology, R. W. Kinder; symptoms, diagnosis and treatment, S. V. Rosing; Corneal ulcers, W. R. Pringer.

R. W. McQuiver and Chas. R. Scott of Belvidere and E. J. Clark of Winnebago, were admitted to membership in the Society.

The Society voted to hold a banquet in honor of Clinton Helm's 50th anniversary of practice.

The annual election of officers resulted as follows: President, T. N. Miller, Rockford; vice-president, P. L. Markley, Rockford; secretary and treasurer, S. R. Catlin, Rockford.

Kampsville, Ill., Jan. 16, 1902.
 Illinois Medical Journal.

Dear Sir: I wish to inform you that the epidemic of small pox so prevalent throughout the country is now prevailing in Calhoun county. There are now claimed to be two cases that the local Board of Health has quarantined, but if said cases are small pox, I am sure it is quite extensive and has been going under the name of chicken pox. I have met several cases but they were so mild and prevalent that no quarantine was instituted.

Dr. Al. Smith of Byerton, Ill., has moved to the state of Kansas.

T. O. Hardesty,
 Official Reporter.

The Stephenson County Society of Physicians and Surgeons held a regular meeting at Freeport, Ill., Jan. 6, 1902.

Minutes of previous meeting were read and approved.

The board of censors reported favorably on the application of S. G. Kreider of Lena, who was elected to membership in the society. Applications of Drs. Martin and Gray of Freeport, were presented and referred to the board of censors.

C. R. Shutz of Freeport, was elected to fill vacancy on board of censors created by the moving away of Dr. Erp Brockhausen.

Dr. Ridiout of Freeport, presented a carefully prepared paper on the Therapeutic Value of Protargol and Adrenal Solution in Eye and Nose and Throat Practice.

S. C. Thompson of Cedarville, reported a case of **Post-Septicaemic Paralysis**.

A committee was appointed to prepare a fee bill for Stephenson county. No other business appearing the meeting adjourned.

R. J. Brown,
Official Reporter.

The Alexander County Medical Society was organized on the 16th of December. President, J. G. McAnally, of the Illinois State Medical Society called the meeting to order and was made temporary chairman. The doctor in a few words spoke of the benefits to be derived from organizations in general, and of the special importance of the need of a local Society. His remarks were well received and heartily indorsed by all present. Permanent organization was then effected. S. B. Carey was elected president, J. W. Dunn, vice-president, J. T. Walsh, secretary and treasurer. The board of censors appointed were: J. H. Oakley, A. A. Bondurant and Gus. McManus.

The first meeting was held on Jan. 13, 1902, and was well attended. W. F. Grimstead read a paper entitled: **An unusual demonstration of the value of Antitoxine as a curative and prophylactic agent in the treatment of diphtheria**, which was freely discussed. Wm. Fields reported a case of a **complete inversion of the uterus**. The next meeting will be held the second Tuesday in April.

J. T. Walsh, Official Reporter.

The Jacksonville Medical Club met Saturday evening, Jan. 25. President Bone in chair. Ten members present. Total membership limited to fifteen.

Officers elected for ensuing quarter: President, A. L. Adams; vice president, Geo. E. Baxter; treasurer, E. F. Baker; secretary for year 1902, David Reid.

F. P. Norbury read a paper on **The Diagnosis of Heart Disease**.

The reader emphasized the statement that contrary to the generally accepted opinion, much more could be learned about the condition of the heart by inspection and palpation than by auscultation. The stethoscope though useful, is secondary to the above. "The position of the apex beat is the key to nearly all diseases of the heart." Inspection and palpation show us this; also the presence or absence of compensation, hypertrophy, and the important facts connected with the pulse; its character and rhythm, arterial tension, etc. This knowledge added to what we have learned first of all of the history of the case render the stethoscope of subsidiary importance.

David W. Reid,
Official Reporter.

The Massac County Medical Society met December 12, 1901. Among the interesting features was a beautiful microscopical specimen of **Tubercle Bacilli**, presented by A. E. Miller. This specimen was from a patient where the diagnosis was in doubt, where it was hard to make a differentiation from chronic malaria.

A. E. Adkins presented a "Clinic" in the person of one of our county constables who had been shot four times; all the wounds had healed kindly, save one, where the ball had entered the outer portion of the thigh and passed through in the region of the great trochanter, and emerged on the inner aspect of the thigh, thus passing entirely through the fleshy portions and possibly through the bone also. This wound has failed to heal and after quite a discussion from the various members present, it was unanimously agreed that an operation was necessary for the removal of some spicula of necrosed bone.

The few physicians in the county who are not attending these meetings, are missing some very practical demonstrations and discussions, as well as the social functions of the Society, which are an essential feature of all fraternal organizations.

C. E. Trovillon, Official Reporter.

The Vermillion County Medical Society met Friday evening, Jan. 10, 1902, in the city hall, called to order by the Vice President B. Taylor.

Minutes of the December meeting were read and adopted.

C. E. Wilkinson was elected to membership. In the absence of the essayist the paper of the evening had to be dispensed with.

J. W. O'Haver reported a case of a previously healthy child eight years old in which developed sudden **choreic movement of one side**, these movements being constant and now continuing for four weeks.

Dr. Cloyd reported a case of **compound fracture of the femur** just above knee complicated with a simple fracture higher up, the refractory patient removed the dressings soon after the Dr. had gone which he did not see until the third day when they were replaced and again removed in spite of the Drs. entreaties, seen the next day and found with 3 1-2 inch shortening. Dressings again applied and using a specially devised double incline plane with extension and after 21 days a perfect result was obtained.

There being no further business the association adjourned to the February meeting.

E. E. Clark,
Official Reporter.

The Will County Medical Society held a meeting Nov. 12, 1901. There were present at that meeting Drs. Bentley, Casey, Clyue, Dougall, Kahn, LeSage, Peairs, Richards, Stewart, Williamson and Worthley.

By invitation Prof. E. C. Dudley and Dr. Hopkins of Chicago, Dr. Burns of Yakima, Wash., and Drs. Eldred, Stephen and Tracy of Joliet.

Prof. E. C. Dudley was the principal speaker and guest of the Society, after the banquet which was held at 8 P. M. Wm. Dougall acted as chairman in the absence of the president, Minnie K. Burke.

Prof. Dudley was introduced and gave a very interesting and instructive lecture on **pelvic tumors** with various methods used in

their treatment. In the course of his lecture he exhibited many pathological specimens and Dr. Hopkins showed some fine microscopical slides. The Society by vote, tendered its thanks to the professor for his able presentation of the subject. At a late hour the Society adjourned.

A regular meeting of the Society was also held Dec. 17, 1901, at which meeting Herbert S. Worthley of Joliet, presented a fine recent specimen of an ovum of six months with membranes intact illustrating his short paper on premature detachment of the placenta as one of the causes of abortion. A general discussion was held by all present, relative to the management and prevention of such cases.

Various subjects pertaining to the welfare of the Society were up for consideration.

The Will County Medical Society held its annual meeting Jan. 14, 1902, called to order by the president. Members present: Drs. Bentley, Bowles, Dougall, Patterson, Wagner, Woodruff and Worthley. W. H. Curtis, of Wilmington and F. T. O'Shay of Braidwood, were present and were elected to membership. Dr. Haas of Frankford Station and H. E. Stephens of Joliet, were also elected to membership. Making a total membership for the Society of 41. The following members were chosen for officers for the ensuing year:

President, Thomas Wagner, Joliet; vice-president, W. H. Curtis, Wilmington; secretary and treasurer, Herbert S. Worthley, Joliet; censors, Harry Patterson, Minnie K. Bowles, William Dougall.

A discussion of medical subjects followed, during which Dr. Woodruff showed some photographs of an **epitheoma of eye lid** with operation and good result. Also a foreign body removed from the eye as a means of helping to locate the foreign body an immense magnet was used, which was found in this case to be of great assistance.

The Society decided to invite some prominent medical man to meet with them at their next regular meeting and also to arrange for a banquet.

The president appointed the following committee to draft and present resolutions relative to the death of our esteemed member, J. T. Ferguson: William Richards, Geo. C. Raynor, William Dougall.

Adjourned to meet February 11, 1902.

Herbert S. Worthley,
Official Reporter.

The Decatur Medical Society met at the Decatur club rooms on Jan. 23, 1902. No meeting was held in December on account of the holidays. The minutes of the previous meeting were read and approved.

H. C. Jones read a paper on "**Tetanus Without Visible Trauma.**" He reported a case in which no wound or abrasion was discoverable. *Passaflora incarnata* was the principal drug used and had a good effect as the patient recovered after three weeks illness. Twelve cases of tetanus were reported by other members.

A motion was made and carried that the president appoint a committee of three to interview the sheriff and urge the prosecution of those persons now practicing illegally in the city. Cass Chenoweth, F. M. Anderson and C. Martin Wood were appointed.

Motion was made and carried that an assessment of fifty cents per member be levied to meet current expenses.

The question of a banquet in the place of the next regular meeting was discussed. It was decided to limit the invitations to members of the society. On motion the president was instructed to appoint a committee of three to act with the president and secretary as a committee of arrangements. W. C. Bowers, S. J. Bumstead and H. C. Jones were appointed.

Adjourned.

C. Martin Wood,
Official Reporter.

The Tri County Medical Society, (Ford, Vermilion and Iroquois counties), held its fall meeting in Paxton December 3, 1901. About twenty-five members were in attendance. There were a number of visitors besides.

It was a one-session meeting, held in the afternoon.

S. M. Wylie of Paxton, the president, called the meeting to order, and, after the preliminaries of opening the meeting, election of new members, etc., delivered the president's address, a fine resume of the work of the society and of medicine and surgery in general.

E. A. Johnson of Danville, read a very interesting and practical paper on "**Electricity.**" Interesting and instructive discussions followed.

Chas. B. Johnson of Champaign, and president of the Illinois State Board of Health, was present and helped to make the meeting pleasant and profitable.

The principal feature of the program however was an address by A. C. Cotton of Rush, on the topic: "**The Infant at the Breast.**" The address was entertaining and highly instructive. The Tri County men were much pleased with Dr. Cotton both socially and professionally.

About 5 P. M. the meeting adjourned to meet next June in Watseka.

The Paxton physicians then took the visitors to the Middlecraft hotel where we discussed a seven course banquet. All in all this was the best meeting in the history of the society.

Leroy Jones,
Official Reporter.

The Morgan County Medical Society met in regular session Thursday, Dec. 12, 1901.

Members present—A. L. Adams, G. Edwin Baxter, Black, Boone, Bowe, Campbell, Cole, Hairgrove, Hand, Norbury, Pitner, Reid, Thompson, Wakely and Wharton.

In the absence of the president, Dr. Wakely was selected to act as chairman.

In the absence of the treasurer, the report was read by the secretary and was adopted as read.

The receipts were \$114.59; the expenditures were \$94.45; the balance for 1901 was \$20.14.

The librarian reported the gift of three libraries in the past two years; giving the society a collection of considerable size, which will be placed in the new Carnegie library building when completed. The following were elected officers for 1902:

President, P. C. Thompson; vice president, David Reed; secretary, T. A. Wakely; treasurer, E. F. Baker; librarian, T. J. Pitner; directors, P. C. Thompson, T. A. Wakely, and E. F. Baker; judicial council, J. W. Hairgrove, A. L. Adams, F. P. Norbury, T. J. Pitner and C. E. Black.

Dr. Pitner stated that he would endeavor to add to the library and secure for it space in the new library building and do everything possible to systematize and catalogue the books so that they might be of use to the members.

The Morgan County Medical Society met in adjourned session Saturday, Dec. 21, 1901, at 8 p. m.

Members present—A. L. Adams, Baker, G. Edwin Baxter, Black, Bowe, Hairgrove, Josepine Milligan, Norbury, Pitner, Reid, Thompson and Wakely.

T. A. Wakely presided.

Joseph Robbins and C. E. Burkholder were elected to membership.

After much discussion F. P. Norbury was elected editor and E. F. Baker as associate business manager to co-operate with A. L. Adams.

President Thompson announced that the members of the program committee would be T. J. Pitner, Hairgrove and Norbury.

Meeting adjourned.

The De Witt County Medical Society convened in the county court room January 14th, 1902, at 1 o'clock P. M., Clinton, Ill. A. E. Campbell in the chair.

George Edmonson read a paper on "Appendicitis" in which he took the position that conservatism had worked best in his cases, as many of them which he regarded as requiring an operation recovered without the knife by the use of sulphate of magnesia and warm applications. J. C. Myers said he had treated a number of cases and had operated on several of them. A few cases died, while some that he thought required an operation to save life, recovered without. Dr. Wilcox expressed himself in about the same way of cases that came under his observation. Dr. Campbell said that if a physician could determine what cases required an operation and what did not and the proper time to operate doctors would be more successful. He also referred to a doctor in Buffalo who said as soon as the patient vomited 'twas time to perform the operation.

Modified small pox was then discussed. Dr. McMackin recommended the use of sulphate of calcium in the treatment of small pox having used it in his own practice with satisfactory results. Most of the doctors present regarded treatment unnecessary, but care and good sani-

tary regulations should be observed, as this modified type is mild to that of twenty years ago, but no more so than the scarlet fever which is now prevalent.

It was decided that an invitation to Prof. Quine of Chicago, to deliver an address at this society at its annual meeting in April, 1902, should be given.

J. H. Tyler,
Official Reporter.

The Pulaski County Medical Society held its first regular meeting in the parlors of the St. Charles hotel, in Mound City, Tuesday, January 7th, 1902.

The meeting was called to order by President M. L. Winstead at 2 o'clock p. m.

The following physicians were present: B. A. Royall, Jas. H. Crain, J. F. Hargan, L. F. Robinson, J. B. Mathis, Sr., T. J. Kinney, W. C. Rife, Hall Whiteaker, M. L. Winstead, C. J. Boswell.

The application of J. Brown Mathis, of Ullin, for membership was received and reported favorably on by the Board of Censors, and on ballot he was unanimously elected. There being no further business the Scientific program was taken up. Several valuable papers being presented which were as follows:

The Practice of Medicine as a Business by L. F. Robinson. His paper was a strong plea for physicians to demand pay in all cases the same as other professions, bringing out the fact that physicians pay as much as other people toward keeping up charitable institutions, and spent more time and money in research and investigation for the benefit of the public than any class of men, and were under no more obligation to work for nothing than the lawyer, merchant or mechanic.

The paper was received with much favor by the members and evoked spirited discussion by Drs. Rife, Royall, Hargan, Crain, Mathis, Whiteaker and Boswell.

The Different Forms of Malaria and Their Treatment, Jas. H. Crain.

Owing to the importance of Dr. Crain's paper on motion of Dr. Robinson, it was decided to have the paper re-read at the next regular meeting in order that there might be more time for discussion.

Treatment of Typhoid Fever, B. A. Royall.

Dr. Royall's paper laid special stress on obtaining, in beginning of the attack, the systemic effect of mercury by administering small doses of calomel, cleaning the intestinal canal with oil and turpentine, tonic treatment of quinine and aromatic sulphuric acid, sulpho-carbolate of zinc as intestinal antiseptic. The filling of the bowels at night with warm water to supply system with liquid and keep down tenesmus, sponging with cold water for fever, strychnine and digitalis as a stimulant. morphine combined with antifebrine at night to secure rest, together with hygienic treatment ordinarily used.

The paper was discussed by Hall, Whiteaker, and L. F. Robinson, and closed by the author.

Treatment of Acute Cystitis, by J. F. Hargan.

Dr. Hargan's treatment consisted of rest, saline laxatives, irrigating with hot boric acid solution, internally salol.

The paper was discussed by Hall, Whiteaker, Boswell, Rife and Robinson and closed by the author.

For want of time Dr. Mathis was requested to produce his paper on treatment of Pneumonia at next meeting.

The Society then adjourned to meet at Villa Ridge, Tuesday, April 1st, 1902.

Charles J. Boswell,
Official Reporter.

The Rock Island County Medical Society met in regular session on Tuesday evening, Jan. 21, at 7:30 at the Rock Island Club, where covers were laid for twenty-five.

The society enjoyed the pleasure of entertaining as her guests Geo. N. Kreider of Springfield, editor of the Illinois Medical Journal, D. S. Fairchilds, Sr., of Clinton, Iowa, T. A. Martin, of Sherrard, Mercer county, C. W. Hall, of Kewanee, chairman of the committee on society organization of the Illinois State Medical Society. Dr. Gallagher, of Rock Island, and Superintendents of Schools Cox, of Moline, and Hayden, of Rock Island, were especially invited to hear and discuss a paper on the "Inspection of Public Schools," by Martha Anderson, of Moline. This paper was of unusual interest to Moline as that city is not blessed with a board of health or a health commissioner, although we have as mayor a physician of the other school who under Governor J. R. Tanner saw fit to accept a membership on the State Board of Health.

The paper of Dr. Anderson elucidated unusual interest and a very extensive discussion by visitors, superintendents and local physicians, bringing out the adoption of a resolution.

"That it is the sense of The Rock Island County Medical Society that Medical Inspection of schools in the county be inaugurated."

The next paper on the program, "Intestinal Obstruction" by D. S. Fairchilds, of Clinton, Iowa, was par excellence from every aspect.

Dr. Fairchilds did not only recite his successes for our instruction but also his failures which he counted as often more instructive to the surgeon than success. The discussion was participated in by C. C. Carter, L. D. Dunn, Moline; G. L. Eyster, Sala; Hollowbush, Geo. N. Kreider, very ably closed by Dr. Fairchilds to whom the Society feel very much indebted.

The next paper on State Organization by Geo. N. Kreider of Springfield, hardly needs further mention as every one in the State knows Geo. Kreider, the invincible. The man who has done more for state organization and the profession through his untiring efforts than any one else. Just look at this journal. It speaks for itself. Besides an excellent paper, Dr. Kreider enlightened the Society on a great many points on which we were cloudy. We certainly feel our obligation to Dr. Kreider and that obligation can be filled in no better way than for each member of our Society to testify in behalf of unity and state organization by becoming a member of the State Society.

Dr. Hall, of Kewanee, next spoke to the society at some length on the subject of our di-

vided faith in Rock Island county, we having two societies.

This was rather a tender subject to us, our society being the older. There seemed no reasonable excuse for organizing a second society in the county without its members first in the ordinary routine of business making application for membership in the first organized society.

All physicians who have up to this time made application have been voted members, consequently we insist there is no reason for the existence of a second society.

We hope that Dr. Hall will feel our explanation is pertinent and that we bear no ill will toward any one or any organization and hope the near future will find but one organization in the county of Rock Island with but one aim, the bettering and advancement of the profession.

G. G. Craig, Sr., was to have read a paper on "Dysmenorrhoea" but owing to the lateness of the hour it was unanimously voted to postpone it until the next meeting.

New members. Report of board of censors. Favorable on names of W. O. Beam, Moline, F. H. Gardner, Moline, with provision that he sign certificate abandoning "sectarian medicine," C. E. Whiteside, Moline.

Treasurer's report read, received and placed on file.

Motion to adjourn being in order society adjourns until its next regular meeting

J. E. Swensson, M. D.,
Official Reporter.

The McLean County Medical Society was called to order January 2nd, 1902, by the president, C. E. Chapin. The minutes of the preceding meeting were read and approved.

The Board of Censors reported favorably upon the application of John Goodheart of Lexington, and he was duly elected to membership.

The name of J. E. Kunkler was proposed for membership and after referred to the Board of Censors.

A communication in the shape of a resolution was read by the Secretary pertaining to the courts allowing irresponsible people to prosecute doctors for alleged malpractice in forma pauperis. The matter was referred by vote to a committee of five members to report on, at the next meeting, as follows, F. H. Godfrey, F. C. Vandervort, W. H. Guthrie, J. Little and Fenelon.

E. S. Reedy reported an interesting case of Aneurism of the Arch of the Aorta and exhibited specimen.

J. P. K. Hawks reported a case of Sarcoma of the breast, and exhibited the tumor and a section under the microscope. It was a case of W. E. Guthrie's.

Horace Elder reported a case of sudden death from an overdose of morphia and cocaine, administered hypodermatically. The patient was found lying upon the floor completely paralyzed and with scarcely perceptible breathing. Artificial respiration was kept up for hours without avail. Strychna and whiskey were both injected hypodermatically.

A bill of Shreve & Co. printers for \$1.35 for notices of November meeting was allowed. A bill

of \$6.00 from W. T. Heamsted for flowers for Dr. Moore's funeral was allowed.

The matter of flagrant abuses of their privileges among itinerant and irresponsible practitioners was brought to the attention of the society, and a committee of three was appointed as a committee on Law to look after the violators of the law and decency. The following was adopted.

1. That the president of the society appoint a standing committee of three, to be called the Committee on Laws, said committee to serve during the incumbency of the appointing president.

2. The duty of this committee shall be to work actively for the society in conjunction with the State Board of Health, and separately to protect the community and the profession against illegitimate practice.

The President appointed the following, C. J. Taylor, E. Mammen, S. Reedy.

The paper of the evening was read by F. C. Vandervort on "Conservative Gynecology and Electricity." The paper gave the outline of methods of its use and embraced a report of ten cases.

Members present, C. E. Chapin, Fulwiler, Bonnett, Fenelon, Welch, Godfrey, Hill, Nusbaum, Little, Hawks, J. W. Smith, Fox, Reedy, Rogers, Horace Elder, F. C. McCormick, Taylor, Covington, Hull, Vandervort.

Essayist for February—D. H. Nusbaum and J. Little.

F. C. Vandervort,
Official Reporter.

The Adams County Medical Society met in regular monthly session January 13th, 1902. Vice President Williams in the chair. Minutes of December meeting read and approved. The Secretary read a communication from the Pennsylvania Vaccine Co., also an inclosed clipping from the Philadelphia Times bearing on "the fearful dangers of impure vaccine virus."

The vaccine company find upon investigation that the disastrous results at Camden, Atlantic City, Egg Harbor, and other eastern cities followed almost exclusively the use of the so-called pulp virus.

They contemplate abandoning the manufacture of this form of virus and a return to the production of the dried virus only and solicit an expression of the profession.

Dr. Gilliland thinks the virus on the market impure; that mercenary motives prevail to the exclusion of the merits of the article, and thinks a cry should go up from the profession that could not go unheeded by those responsible for the prevailing evil.

Dr. Turner of Canton, Mo., was impressed with the importance of the question under discussion, would rather have the mild small pox of the present epidemic than the results of inoculation, as he has seen it in many instances, with the virus obtainable at this time. After a further discussion of the subject by members present a motion prevailed, that the chair appoint a committee of three, of which he be a member, to correspond with the Secretary of the State Board of Health and other authorities on the subject of virus and if impure the best means

tending towards a correction of the evil; the chair appointed Drs. Ashton and Hart to serve with him on the committee.

The Secretary read the following report of committee which was adopted by a rising vote.

Whereas, It has pleased an All Wise and beneficent Providence to send the angel of death into the family of our esteemed colleague Doctor Christie, and take therefrom a beloved wife and model mother at an unexpected moment, and, whereas we bow in humble submission to God's will. Be it,

Resolved, That the members of the Adams County Medical Society do extend their heartfelt sympathy to Doctor Christie and relatives in this their hour of anguish and affliction; and be it further

Resolved, That these resolutions be spread on the minutes of this Society, and a copy transmitted to Doctor Christie by our Secretary.

Henry Hart,
H. P. Blerne,
Committee.

Drs. Center and Hart were appointed a committee to draft resolutions on the death of the late wife of our colleague Dr. Gabriel, of Payson, the following resolutions were adopted by a rising vote.

Whereas, It has pleased an All Wise and beneficent Providence to send the angel of death into the family of our esteemed colleague Doctor Gabriel, and take therefrom a beloved wife, and, whereas, we bow in humble submission to God's will. Be it

Resolved, That the members of the Adams County Medical Society do extend their heartfelt sympathy to Dr. Gabriel and relatives in this their hour of anguish and affliction; and be it further

Resolved, That these resolutions be spread on the minutes of this Society, and a copy transmitted to Doctor Gabriel by our Secretary.

Henry Hart,
C. D. Center,
Committee.

J. F. Durant read a paper on "Professional Infractions." The large part of the paper was devoted to vivisection, which he proclaims most barbarous, inhuman and useless. C. D. Center alluded to our present knowledge of tuberculosis and the extensive use of the Murphy button as an example of benefits derived from experimentation on the lower animals.

W. H. Fish of Baylis reported a case of indolent ulcer of great toe in man aged 75 years recovery, treatment, aristol.

Dr. Ashton exhibited a specimen intramural abscess of bladder wall, with enormously enlarged prostate; patient aged 61 years, cystitis induced by patients use of catheter, abscess ruptured into general peritoneal cavity causing peritonitis and death.

Members present, Riticker, Durant, Gilliland, Center, Williams, Koch, Ashton and Hart.

Visitors—Turner, Canton, Mo.

Clinic held at St. Mary's Hospital at 10:30 A. M. under the direction of Otis Johnston.

Adjournment.

Henry Hart,
Official Reporter.

The Sangamon County Medical Society met in regular session Monday evening, Jan. 13th in the County Court House. I. C. Taylor, the president, presiding. Minutes of the December meeting were read and approved. The application for membership of J. W. O'Connor, of Buffalo, was read and referred to the executive committee.

After relating the circumstances and detailing some of the evidence G. N. Kreider offered the following resolution which was unanimously adopted, and on further motion the president and secretary were authorized to use a limited sum from the society's treasury to aid in the prosecution of the case.

"Whereas, It has come to the knowledge of this society that one Louis R. May alias L. R. May alias L. Robert May, of 6605 Stewart avenue and 224 South Clark street, Chicago, Ill., under the guise of a doctor of medicine, has been engaged in practices in Sangamon county which have led to his indictment by the September grand jury of this county, the number of said indictment being 209 and general number 16353.

"Therefore, We, the members of the Sangamon County Medical society, believing that such persons as May, besides robbing suffering invalids of their scanty means, for which they receive no return, bring great discredit on the honorable members of the medical profession, call upon the state's attorney to prosecute this case to a conviction and call upon the state board of health to revoke the license to practice of said May and appropriate a sum of money from our treasury sufficient to assist in the prosecution of this case, and further that a copy of this action be transmitted to the Decatur Medical society and the Champaign County Medical society, so that the depredations of said May may be stopped in those communities, where he is said to be now operating."

The literary exercises were opened by H. B. Buck with a paper entitled "Life Insurance Examinations," of which the following is a brief and partial synopsis:

I do not propose to adopt the role of teacher but to proceed upon the assumption that every one with a recognized diploma is supposed to be able to do this work as it presupposes that the holder has been a student of physical diagnosis. Few have had special training along this line, though some colleges now have chairs in this department, and it is hoped all will soon have.

Mental discipline coupled with methodical procedure is the key to success. Life insurance examinations should be "mixed with brains." A studied method and habit of concentrating brain power is the desideratum in physical diagnosis; proper facilities, with favorable opportunities for their use, is the only safeguard; for the best trained in the various modes of physical research are the best prepared to detect any departure from the normal.

The ideal examiner can not lose sight of the business aspect, as his work is the basis for a business decision by the company, which, seeing the applicant through the eyes of the examiner depends on him to detect faults and deceit, and,

as an employee he should study the interest of his employer and render full equivalent for compensation received, for having accepted appointment he is in duty bound to give his best service, or resign.

The medical examiner should be an expert in diagnosis, etiology and prognosis. He should cultivate his powers of observation so that incipient disease does not escape his notice. The possession of tact, natural shrewdness, a deep sense of the moral obligation, and above all, unflinching honest and integrity are essential. He must believe in life insurance as a legitimate business and that he is the representative of the company. The diplomatic examiner will never assume an imperious demeanor nor be in haste, but will inspire confidence in the applicant that full justice will be done. He should adopt a non-committal policy even in apparently first class risks as the company may have other data which demands rejection. Here it should be said that no examiner who recommends a rejected applicant should think or fear that thereby the confidence of the home office in him is weakened, as the home office is in receipt, oftentimes, of information which the examiner could not obtain.

He makes the best examiner who realizes and anticipates the wants of the home office, thus forestalling amendments. Exactly following the blank, using ink invariably, avoiding crosses, dashes, ditto marks, (which are in no sense answers), making each answer incisive, eliminates all doubts. Under "remarks" note points not otherwise provided for but which are essential; and if a correction must be made draw a single ink line through the word or words, signing with initials.

In taking the pulse and respiration rate select the time of least excitement (ignoring the sequence in the blank if necessary) doing so in a casual manner while engaged in conversation on other topics, especially is this rule to be observed in nervous applicants. All hindrances to a faithful scientific search for defects of heart and lungs must be removed. As the examination deals with past as well as with present diseases a full history is necessary, giving date, character, duration, severity, and results. It is often necessary to drag out this information, and that concerning family history, but it can often be done by judicious questioning. It is frequently not sufficient to stop with date, duration, etc., as the blank usually calls for, e. g. in appendicitis. Here the report should show whether treated medically or surgically, and if the latter, the extent of the operation. An operation, an accident, a deformity, any disease tending to leave its mark demands thought and inquiry as to its probable bearing upon life expectancy. The thoughtful and efficient examiner will weigh all these points and give such expression as will clearly indicate his judgment.

Opening the discussion Dr. Griffith commended author for the excellent paper and said he thought the fee for examination was often too small, and that when \$1.00 was paid for examination it would not be as thorough as when the compensation was more adequate.

R. D. Berry thought that special attention should be given to the examination of the heart, lungs and kidneys as lesions of these organs were most frequent cause of death. In his opinion microscopical examination of the urine should be made in all cases. He emphasized the fact that the applicant had some rights also. He did not believe that applicant should always be rejected where a slight amount of albumin was detected in the urine. He cited several instances where applicant had lived many years after rejection for this cause, while others, apparently more healthy were accepted and had died. Regular examination often shows that albumin sometimes disappears and does not return. He thought that the habits of the individual were most important, and should be taken into account largely, for regularity of general habits was a potent factor in the determination of longevity.

W. A. Brittin also was of the opinion that compensation was not adequate in many cases. He cited cases similar to those of Dr. Berry's in which applicants were rejected because of slight albumin-uria, and who lived many years, while others, seemingly robust, were accepted and died in a comparatively short time.

C. B. Johnson, Champaign, ex-president State Board of Health, said the family history was very important, but it was surprising how ignorant many men were regarding their ancestry, though in some cases the ignorance was assumed, but the greatest amount of data possible should be obtained.

G. N. Kreider said that the agent or solicitor was at fault in many cases because he would take applications indiscriminately, and in some instances knowing the applicant had been previously rejected, for good cause. For this reason the examiner had to be very careful in every instance. Dr. S. E. Munson related a case in which he found glycosuria. A short time afterward the applicant reported for another examination and at this time no sugar was found in the urine, the man meanwhile had followed a rigid diet.

L. C. Taylor advised the very careful examination of the pulse as well as the heart. The pulse should be examined in a manner that would not excite the applicant, and he found the most satisfactory way was to make the examination as Dr. Buck recommended, while carrying on a conversation on other topics, using three fingers in making the examination. Many valuable points could be obtained by this method which would suggest more careful examination of other organs. In the examination of the heart he thought the best plan was to examine around heart first, noting condition of large vessels then inspecting, palpating and percussing heart before auscultating.

H. B. Buck in closing said that he did not think there would be any increase in the compensation until the profession as a whole demanded greater remuneration for their services. In the meanwhile the examiner should give his best and conscientious services in examining applicants for life insurance.

In view of the unfavorable comments said to have been made by certain city officials regarding vaccination and its danger, G. N.

Kreider read some statistics from German official documents which stated that out of 2,500,000 primary and secondary vaccinations in 1898, in Germany, there were only 5 serious results. One in 500,000 cases.

There being no further business the society adjourned to meet Monday evening, Feb. 10, 1902.

F. B. Fisher,
Official Reporter.

The Chicago Medical Society has held meetings during January, 1902, as follows:

January 8th—Program.

1. Posterior-Urethral Reinfections from the Bladder. L. E. Schmidt
 2. The Diagnosis of Pericarditis. A. R. Edwards
 3. Prostatectomy for Hypertrophy of the Prostate Gland. J. B. Murphy
 4. The High Retraction Ring as a Contraindication to Version. R. W. Holmes
- The membership committee reported on the applications of M. G. McEwen, H. E. Allen, C. E. Swan, and W. B. Holden.

Applications for membership were received from B. E. Bush, V. A. Latham and E. Nelson.

January 15th—Program.

1. The Environment of the Medical Examiner. A. C. Cotton
- The discussion was opened by D. J. Doherty, H. P. Woley, A. M. Corwin and F. S. Coolidge.
2. The Proper Scope of Inquiry in Life Insurance Examinations.

Chas. Lyman Greene, St. Paul, Minn.

The discussion was opened by G. W. Webster, W. A. Evans, J. M. Dodson, and W. E. Casselberry.

The membership committee reported on the applications of B. E. Bush, V. A. Latham, and E. Nelson.

Applications for membership were received from G. F. Newhall, E. R. Larned, U. J. Grim, A. V. McClung, A. H. Wales, B. Van Sweringen, Chas. Todd and J. G. Chichester.

January 22, 1902—Program.

1. Celluloid Splints. J. W. O'Neill
2. Exhibition of Cases Illustrating Plastic Surgery. N. Senn
3. The Supposed Finding of Anguillula Stercoralis in the Urine. J. L. Miller
4. Demonstration of a Lipomatous Kidney, with Report of Nephrectomy. S. Dahl

January 29th—Program.

1. Classification of Cirrhosis of the Liver. A. R. Edwards
2. Clinical Manifestations of the Early Stages of Cirrhosis of the Liver. Frank Billings
3. Cirrhosis in Childhood. Frank X. Walls
4. Pericardial Pseudo-Cirrhosis. J. B. Herrick
5. The Surgical Treatment of Ascites. M. L. Harris

6. Medical Treatment of Cirrhosis of the Liver. J. R. Robinson

Discussion by H. B. Favill, N. S. Davis, Jr., George W. Webster, and I. A. Abt.

Applications for membership were received from P. O. Owsley, L. H. Abele, George F. Suker, G. de Tarnowsky, C. MacLellan and Frank Byrnes.

The Southwestern Medical Society of Chicago held its sixteenth regular meeting and the first annual reception and banquet Tuesday evening, Jan. 14, 1902, at the Transit house.

The unanimous opinion of those present was to the effect that the affair was a grand success in every detail.

The object of the meeting was principally to give the wives and sweethearts of our members an opportunity to become acquainted and to enjoy a pleasant evening with us. These objects were realized beyond our fondest hopes as any one present can testify.

The reception committee were tireless in their efforts and every one present was introduced to every one else and every one was talking with every one else and enjoying themselves. At 9:20 p. m. seventy persons had assembled in the parlors, where they formed in procession and marched to the large banquet hall where the tables were profusely decorated with carnations and American Beauty roses. After partaking of an eight course dinner, C. Hubart Lovewell, acting as toast master, introduced J. Hess, who responded to the toast, **The Physician's Ambition**. Mrs. H. H. Hagey responded to the toast **The Physician's Wife**. At the conclusion of her toast she was presented on behalf of the Society with a large bouquet of American Beauty roses.

F. R. Green responded to the toast **The Physician's Personality**.

Harry Kahn responded to the toast **The Physician as a Business Man**, but changed his toast to **The Physician's Business**.

F. L. Rose responded to the toast **The Physician's Reward**.

C. A. Elliott responded to the toast **The Physician's End**.

Those present included Drs. and Mesdames H. H. Hagey, F. L. Rose, C. H. Lovewell, C. Hubart Lovewell, J. C. Millman, E. C. Morton, F. T. Avery, Chas. F. Weir, E. B. Fowler, Geo. F. Yates, W. A. Hillemeier, A. E. Mowry, J. H. Eskridge, C. H. Vantuyt, C. J. Kurtz, T. C. McGonagle, H. K. Wilson, W. S. Hayole, C. H. Miller, Mrs. Miller. The Misses Green, Elliott, Merryfield, Friedberg, Carmody, Eggert, Martin, Hensler, Peck, Mae Crowley, and Demode, Drs. F. R. Green, C. A. Elliott, J. H. Hess, H. Kahn, J. Crowley, A. W. Williams, J. J. Roach, Geo. Kalk, Chradek Kats, Paul Chester, W. T. Kirby, and D'Osay Hetcht, F. C. Eggert.

Much of the success of the affair was due to the perfect harmony in which the different committees work.

We feel so well repaid for our work in this, our first Ladies' night, that we have determined to make it a permanent feature of the Society, and hope to see other Societies take it up and report as favorably as we are able to do at this time.

The subject, Diabetes Mellitus, exclusive of the treatment, will be read by C. F. Weir at our next meeting the treatment will be presented by S. L. Friduss.

Thos. C. McGouagle,
Official Reporter.

The Chicago Gynecological Society held its regular meeting Friday evening, January 17th,

the president L. E. Frankenthal in the chair. Palmer Findlay exhibited a uterus having a **squamouscelled carcinoma of the cervix** which had been removed by Dr. Webster from a nullipara who had never had a dilatation of the cervix or any other intra-uterine treatment. He referred to Kelly's opinion concerning the importance of childbearing or dilatation of the uterus in causing cancer of the cervix and mentioned the fact that only two cases of cancer had been found in the Johns Hopkins hospital in nullipara who had never been subjected to traumatism. In the discussion L. L. MacArthur agreed that trauma was probably almost always the cause of carcinoma; while Watkins and Ries held that there was no proven etiological relation between the two.

Junius C. Hoag reported a case of **hemorrhage from the bowel** in a child five days old which was treated successfully with hypodermic injections of 2 per cent. gelatine solution. Two injections at an interval of twenty-four hours of 100 c. c. were employed. Although abscesses developed they did not particularly disturb the recovery.

L. L. MacArthur reported a case and demonstrated a specimen of **hermaphroditism and imperforate anus**. Three attempts were made to reach the bowel, one from the peroneal raphe, one from the loin and one through the abdomen. The specimen showed a very large dilated stomach with a small rudimentary bowel attached. The ureter emptied into a cloaca. Relations of internal organs have not yet been made out satisfactorily. MacArthur discussed the subject of hermaphroditism as well as that of imperforate anus and in the latter condition when associated with marked abnormalities of development recommended laparotomy.

Palmer Findlay read a paper on the **Anatomy of the Menstruating Uterus**, which he illustrated by microscopic specimens. The specimens confirmed in his opinion the ideas of Gebhardt. The first stage is characterized by a dilatation of the vessels and hemorrhage into the interstitial tissues.

In the second stage there is sub-epithelial hematoma with occasional breaks in the epithelial layers. In the third stage or that of repair the blood disappears and the epithelial layers settle back on the mucosa, gaps being closed by regeneration from adjacent epithelium.

T. J. Watkins gave the clinical history of a case of **intestinal obstruction and rupture of the pregnant uterus due to peritoneal adhesions**. Adhesions were probably caused by an attack of peritonitis that occurred during childhood. At the operation the child was found dead and removed through an incision in the uterus. Then on account of rupture of the uterus hysterectomy was performed. The subject of rupture of the uterus on account of adhesions was then discussed at some length by J. B. De Lee.

C. S. Bacon,
Official Reporter.

The Chicago Pathological Society met Dec. 9, 1901. An abstract of the proceedings is taken from the Journal of the society.

The Biologic test for semen by C. F. Farnum.

This test was made by introducing semen intraperitoneally into various animals, and afterward mixing the blood serum of an injected animal with the semen of the animal from which it had been inoculated.

He found in some instances that produced a precipitate.

He thinks it safe to say that the blood sera of animals, treated with different semens and testicular emulsions, contain precipitins, which are probably specific.

An atypical acid and alcohol proof fungus from the sputum of a case clinically resembling pulmonary tuberculosis, by A. P. Olmacher.

This observation concerns the presence of a tubercle-like fungus in the sputum of an individual exhibiting certain clinical evidences of phthisis.

Inoculation of guinea pigs produced no disease. It also had certain morphologic and staining peculiarities. It was regarded as a member of the ray-fungus group in which belong other acid-resisting tubercle-like organisms, as the grass thimothy and dung bacilli of Moeller, the butter bacillus of Lydia Rabinowitsch, the tonsillar bacillus of Marzinowsky, and other recently described atypical fungi.

The practical diagnostic importance is the ease which such an organism as this might be mistaken for the tubercle bacillus.

The patient had enlarged cervical lymph glands, which had been pronounced tubercular. The submaxillary lymph gland was incised and a purulent fluid evacuated. It finally healed. For three years the patient had enlarged lymph glands on both sides of the neck.

She finally developed symptoms of pulmonary tuberculosis.

A specimen of the sputum revealed the tubercle-like organisms.

The first specimen was stained by the Ziehl-Neelson-Gabbett method and led to a laboratory diagnosis of tuberculosis.

In a critical examination of the stained preparations there was striking variation in the shape of the organisms. Some showed the bacilli to be quite like *B. tuberculosis* while others were in tangled masses. Some appeared as threads of considerable length, while others showed branching forms.

Other specimens of sputum from the same patient showed the same conditions.

The patient improved in health and is still living.

Does the pancreas secrete a sugar-splitting enzyme? by Maximilian Herzog. Nothing definite is known about the end products of carbohydrate metabolism in the animal organism.

We know that ptyalin changes starch into amylo, erythro, and acroo-dextrin and maltose, and that the latter is changed in the alimentary canal to glucose as is also saccharose, the latter by an inverting enzyme but here our knowledge stops. What becomes of the glucose, how is it farther converted, in what form is it utilized in the body and what are its excretory waste products?

The splitting of dextrose into alcohol and carbon dioxid is a fermentative process which has been known a long time. Recently E. Buchner demonstrated that alcoholic fermentation is due to an enzyme in the yeast plant.

Others believe it possible for alcohol to be formed in the absence of yeast cells.

There are a few authors who claim to have found alcohol in animal tissues.

If it be true that traces of alcohol, not introduced as such from the outside, are found in animal tissues, one would first think of dextrose as its source.

From our present knowledge it appears that the conversion is brought about by a glycolytic enzyme. Claude Bernard says it appears as if some one or another of the normal constituents of the blood has a direct transforming action on sugar, either by a process of oxydation, or, what seems much more probable, by a sugar splitting up process, due to a ferment, i. e., an enzyme.

Careful experimentation with pulverized pancreas upon the addition of sugar yielded alcohol.

Herzog reports twenty experiments. Several of which verified the conversion into alcohol of a part of the sugar and concludes by saying:

"I confess that these experiments have by no means furnished a firm basis in support of the hypothesis advanced with reference to sugar conversion in the animal economy."

"Still I can not regard the hypothesis as wrong, but I believe that the methods employed have been too faulty to furnish the desired proof."

The Chicago Academy of Medicine. At the January 10th meeting Wm. Cuthbertson was elected chairman. J. G. Kiernan read a paper on **Chorea Insaniens**; under the term adynamia the older clinicians had understood a nervous weakness disturbing the entire organism. The nervous system is first visibly affected and then the heart which fails as from shock or toxic influence. Metabolism and nutrition are diminished. This condition results from traumatism, worry, emotional strain, the essential fevers and any toxic state whether secondary to infections or autotoxic. Upon this state occur motor or psychic disturbances or both combined. Two psychoses peculiarly develop. Either may be fatal but while one has definite pathologic lesions; the other is destitute as a rule of these. The last is primary confusional insanity which develops rapidly on a basis of cerebral exhaustion with resultant auto-intoxication. Consciousness is blurred in parallelism with conceptual disturbance. The patients on recovery have but crude recollection. The prognosis as a rule is good. After a rapid rise of symptoms during a brief period of incubation hallucinations and delusions of varied contradictory character occur. The delusions may resemble those of mania and more often those of melancholia, but no emotional state is associated with them. The patient's assert in the same breath that their property is being stolen and that they are going to take part in a great social function. There is a surface resemblance between the confusion of mania and that of primary confusional insanity. The confusion of mania is not the expression of a genuine confusional state but of a disparity between the ideational items and the word channels through which they usually exit. That of

primary confusional insanity is an expression of a true essential confusion of ideation. The phenomena of this psychosis bear a superficial resemblance to the episodic excitement of paranoia as well as to the period of transformation. Both are attended by hallucinations, and agitation but in paranoia there is an underlying intellectual element which together with the precedent history serves for demarcation.

The febrile disorders often set up a neurosis which serves secondarily to primary confusional insanity as a basis for the development of paranoia. Such an association is, however, purely fortuitous. Acute disorders may expedite in degenerate subjects the development of paranoia after primary confusional insanity, but this has no special relation to the succeeding psychosis since the paranoia was simply hastened in its development not created by the confusional insanity.

The other psychosis typhomania (the acute delirium of the Germans and French, the Bell's disease and delirium gravis of English and American authors) resembles superficially primary confusional insanity, but differs from it in the furibund character of its pathologic lesions, in its deep seated dementing psychic manifestations and as a rule in its temperature which is always elevated and has sometimes reached 108 degrees.

Typhomania from its rejection of food and liquid may resemble hydrophobia. Indeed lysophobia often assumes this type. If it be sufficiently prolonged since the patient may die during the first few days there follows on this morbid excitement a period of exhaustion. The intellectual excitement is replaced by somnolence, the noisy, agitated, restless excitement is followed by low mutterings. The lips, tongue and gums are purplish and swollen and a much graver symptom (petechiae, ecchymoses and ulcers) appears on them. The cardiac impulse becomes feeble. Pulmonary and renal congestion results; albumen is not rarely found in the urine. Both acute confusional insanity and typhomania evince disturbances of motility. There is first observed a convulsive condition which in its least violent manifestations appears to arise from the mental condition, but which soon becomes more intense. The patient is agitated, very frequently grimaces, grinding of the teeth and convulsive manifestations of all kinds are observed. When these phenomena have acquired their greatest intensity they assume the rapidity of electric discharge. Among these motor disturbances most apparent at an early period are choreiform conditions. These whether occurring as a consequence of acute confusional insanity or typhomania were early placed by Berndt in a symptom group; Chorea insaniens. The title is somewhat misleading albeit the misleading elements have been removed by time. Independently of chorea insaniens there are mental symptoms which complicate chorea. The distinction lies in the fact that in these last the mental state is an incident of the chorea while in chorea insaniens the chorea is an incident of the mental disorder. Chorea insaniens does not differ as to its mental symptoms from the psychoses in which it occurs. It is much more frequent in males than is usually assumed since

most of the males are taken to insane hospitals while the females (as is but too frequently the case in other psychoses) remain under home treatment.

A 19-year-old girl was on an elevated train when a collision occurred. On her return home she became nervous and agitated and mentally somewhat confused. Four days after she was seen by a physician who found her in a state of mental excitement with incoherent speech and with incoordinate uncontrollable twitching of the muscles of the body. She gradually became unconscious and lost control of the sphincters. There was a temperature of 102. The patient died and necropsy by the coroner's physician revealed what he called acute cerebral meningitis. There were deposits of lymph over the brain. The history of this case and the lesions would indicate "chorea insaniens of the typhomaniac type.

E. S. Talbot read a paper on **Osteomalacia** in which he stated that: Osteomalacia may and does exist for years in pelvic and other bones before the symptoms can possibly be recognized by the physician and surgeon. Osteomalacia can be earliest studied in the alveolar processes which is the most transitory structure in the body. It develops twice and is absorbed thrice if man shed his second set of teeth. Evolution of the face whereby the jaws are decreasing in size with the many complications thereon resultant render the jaws and alveolar process increasingly transitory. In the evolution from the lowest vertebrate up, there has been continuous succession of teeth (polyphyodont) as found in some selachians, a partial continuous succession as in some mammals and a comparatively permanent set of teeth as in man. This shedding of teeth due to a process called senile absorption, atavistic in type, takes place in every one to a greater or less extent after forty-five years of age. Should man live in a comparatively healthy state long enough, he would lose all teeth from this process. Degenerate children, (from precocity due to arrested development at the senile or simian period of intra-uterine life) may show symptoms of this disease in connection with the first set of teeth at from six to ten years. A monkey, who died of tuberculosis at one year had osteomalacia which exposed the roots of all the temporary teeth while three had dropped out. Local irritation producing chronic inflammation, such as constant use of toothpicks, crown and bridge-work, sharp edges of fillings or cavities, plates containing teeth, etc., may cause osteomalacia, many constitutional causes like auto-intoxication and drug poisoning. Even the mildest type of auto-intoxication due to indigestion, change in climate from hot to cold and cold to hot with corresponding change in food giving more work to some eliminating organs and less to others, as well as mild forms of drug poisoning may be potent in this particular. The effect of auto-intoxication and drug poison is first irritation through blood streams, often causing endarteritis obliterans. Since the arteries are terminal, irritation readily causes inflammation and halisteresis. Osteomalacia is common among wild animals in captivity, just as it is in domestic animals. The influence of bacteria as a cause has not been

demonstrated by Koch's law. Treatment; if due to a local cause, this should be removed. If due to auto-intoxication the effected matter should be removed from the system.

L. E. Schmidt read a paper on **Relative Impotency from Chronic Posterior Urethritis** in which he pointed out that it has been repeatedly stated that impotency is due to chronic urethritis of the posterior urethra, yet it is desirable to draw attention to some special forms of chronic urethritis which may cause non-permanent impotency. Following gonorrhoea some patients find the ability to have repeated intercourse greatly increased; others that the sexual feeling has become more marked. In the first class of cases complete impotency may occur followed by reduced sexual powers. In the second group of cases erections are normal, but sexual feelings are changed into painful conditions. These individuals fear every opportunity of sexual excitement, but fear much more the sexual act. The local findings are characteristic. In the first mentioned cases the caput gallinaginis is apparently enlarged rounded out, the mucous membrane of a bluish red color, the prostatic sinus injected. In the second type the inflammatory signs are still more prominent. Treatment should be done with the aid of the urethroscope and Iodine-glycerin has proven valuable in these cases. After disappearance of inflammatory symptoms, provided no complications are present, complete return of the sexual functions and sensations may be expected.

At the December 13th meeting C. H. Anderson reported a case of "Eclampsia treated with success by Venesection and Normal Salt Solution." H. Gradle discussed the "Relations of Nerve Instability and Eye Tire."

J. G. Kiernan,
Official Reporter.

The Chicago Laryngological and Climatological Society met November 19th, 1901, with President Casselberry in the chair.

Homer M. Thomas read a paper on "Secondary Haemorrhage Following Tonsillotomy."

I never perform a tonsillotomy with the tonsillotome without grave forebodings of secondary haemorrhage. When I began professional work nineteen years ago, this fear was not in my mind, and for several years I had no cases in which there was more than slight haemorrhage following the excision of the tonsils with the tonsillotome. Later on, however, and at very unexpected intervals, I have had haemorrhage occur in cases where there appeared to be no indications of the possibility of haemorrhage.

The case I wish to present tonight occurred in my practice recently, and was quite a surprise. The young lady, Miss S., aged 18, had been referred to me for the excision of the two hypertrophied tonsils, moderately large, by her family physician. One of the young lady's friends had her tonsils removed with tonsillotome about six months before, and had suffered from considerable haemorrhage. This so alarmed my patient that she asked me to use every possible precaution to avoid such an occurrence in her case. In view of the circumstances, I was particularly anxious that the operation be a success, and

adopted what I considered very great precautions, but they were futile. She came to the office on Monday morning, and the right tonsil was removed at about ten o'clock, with a Matthieu tonsillotome. The line of excision came at about the pillar of the fauces. There was no haemorrhage of any moment, but the young lady was kept under observation for several hours, no haemorrhage occurring. She went home, and on the following Wednesday she returned and the left tonsil was removed. The interval was allowed in order that a firm clot might form in the right tonsil, and prevent haemorrhage. No difficulties were encountered, the excision was easily made, and the patient remained in the office for several hours before returning home. On the following morning, at about five o'clock, I was telephoned that the throat was bleeding severely. I suggested ice and astringents, and supposed that would be the end of the matter. The bleeding increased, however, and about ten o'clock that morning I went to the patient's residence, expecting to find a secondary haemorrhage from the tonsil operated on the day before. On my arrival I was surprised to find a severe haemorrhage from the right tonsil, about sixty-five or seventy hours after the excision of the tonsil. The clot which had become detached, was saved and I found it ragged and undergoing some disintegration. A local application of tannic and gallic acids temporarily checked the bleeding, but the clot was expelled by coughing, and the bleeding recurred. I then applied a saturated solution of ferripyrine, which temporarily controlled the bleeding. The spurting was synchronous with the heart action. I was unable, however, to control the haemorrhage with antistypic and I finally resorted to the use of the Lentz mouth-gag, leaving it in position for two hours, when the haemorrhage ceased. This is the only case I have had where the clot broke down so long after the operation. There was nothing in the physical condition of the patient to account for the haemorrhage. It is needless to say that the family were greatly disturbed at the haemorrhage, and that any possible prestige which might have accrued from a successful operation was in their minds entirely dissipated. I should be very glad to learn whether there is anyway of ascertaining or diagnosing the possibility of such unfortunate haemorrhages occurring, and especially those occurring after such a lapse of time as in this case.

DISCUSSION.

Henry Gradle: I can report an instance of secondary haemorrhage following a tonsillotomy made with the snare. A gentleman, about thirty, perfectly healthy, had hypertrophic conditions in the pharynx and nose, attended with considerable deafness and moderately large tonsils. Both tonsils were cut off smoothly with a hot snare. On the third night following, he came to me bleeding very freely, not an arterial haemorrhage, but a venous oozing. It continued for a number of hours, and was finally controlled by antipyrin and tannin. Haemorrhage again set in the next day, but was very trifling. The bleeding was due to an ulcerated condition of the wound.

Otto T. Freer: It seemed to me that primary

or secondary haemorrhage is apt to follow any method of operation for removal of the tonsils. I recall a serious case of secondary tonsillar haemorrhage succeeding excision of a buried tonsil by cauterizing dissection. When I saw the case, the bleeding had lasted from 2 A. M. to 10 A. M. and attempts had been made to check it with iron perchloride. Packing of the recess created by the tonsillotomy between the pillars with cotton and tannic acid powder stopped the bleeding. The exsanguinated state of the patient had much to do with the cessation of haemorrhage, and I think that this often stops of its own accord when syncope is imminent and the last remedy applied is supposed to have done the work performed by the lowered blood pressure. Where tonsillotomy cuts through the substance of the tonsil, haemorrhage is more apt to occur than if the tonsil be removed from its base, as the tonsillar substance, especially if hard and fibrous prevents retraction of the arteries, while this takes place normally in the cellular tissue behind the tonsil if that structure be completely removed. It is for this reason that I advocate Ingals' operation for ecrasement of the tonsil as the Ingals tonsil forceps lifts it from its bed after separation of the anterior pillar with a blunt hook and the steel wire-snare passes under the tonsil, enucleating it completely. In all the many tonsillectomies done through many years in the clinics at Rush Medical College there has never occurred a serious haemorrhage after the use of the cold wire snare employed after the method of Ingals'. I admit that this does not prove that the method is faultless as regards danger of haemorrhage, as bleeding of a severe nature very rarely occurs where the tonsils are removed in childhood and the snare operation is practically limited to children in our clinics; still I think the method deserves some credit for the entire absence of serious haemorrhage in so many years. For controlling tonsillar haemorrhage I have found among the simpler means powdered tannic acid the best, packed well into the tonsillar recess with a cotton plug if this can be done. Compression and cold are means too well known to need more than mention. If any member has made use of Dawbarn's method of surrounding the site of the excised tonsil with a purse string suture he will do me a service by relating it. I have never tried the method which was described some years ago in the New York Medical Record. It seems to me that it would be very difficult of performance.

William L. Ballenger: Dr. Freer has just referred to the use of the cold steel wire snare as a good method for removing tonsils. I have used this method a number of times within the last year, but the results were so bad in a few instances that I do not believe that it is the best method of procedure in all cases. I have had three violent inflammatory reactions following the use of the cold steel wire snare. I had one patient who was laid up for nearly two weeks on account of the violent reaction, and infection. That may have been my fault and not the fault of the snare, although the usual precautions were taken before and after operating.

I have also had severe haemorrhages with this method, although none of them were secondary. I was led to use it in the belief that a bloodless operation would result. I have used Peter's snare, a powerful instrument, and have had considerable haemorrhage follow its use. Another difficulty is the breaking of the wire. Only last week I had to put in four wires to remove one tonsil; rather an embarrassing procedure. This, however, is the fault of the instrument and can be remedied. As Dr. Casseberry has so well said, there is no operation on the tonsils which is not at times attended or followed by haemorrhage. This is especially true of adult cases in whom the tonsils have become hyperplastic.

J. Holinger: I am surprised that there are so many tonsils cut out and as a consequence secondary haemorrhage. I have for several years used the method of Killian, as described in the *Archive Laryngologie* a few years ago. The tonsils which always make trouble are those having very large and deep crypts. Killian places a broad hook in the angle of the mouth opposite the tonsil to be examined. He then examines the tonsil with a strabismus hook. He enters from the hilus of the tonsil down into the crypts, looking for the deepest crypts with a bent knife, and slits them open. The crypts are then painted with muriatic acid, and they remain open, the tonsil shrinking.

The advantages are manifold. I never have seen a secondary haemorrhage. All the cases I have treated in that way got well quick without any trouble. In cutting the tonsil with a tonsillotome, it is possible that you do not cut the whole depth of the crypt, and leave a pocket. When the wound heals the contracting scar tissue closes that little pocket, and there is a worse condition than before. The hilus of the tonsil is that part where all the crypts open. It is between the upper and middle third of the tonsil, quite high up.

Norval H. Pierce: I have used Killian's method and had very severe haemorrhage follow. A very healthy gentleman came to me with an embedded tonsil. I explored the supratonsillar fossa, and found a very deep crypt running apparently posterior to the tonsil. I slit it up and painted it with nitrate of silver. About six hours afterward I was called to my patient's house. I found him nearly exsanguinated. He was bleeding profusely from the cut I had made. I dressed the wound with cotton and ferropyrine, the powder, not a solution. A pledget of cotton was rubbed into the powder and then packed in the bleeding cavity. I have controlled a number of cases of tonsillar haemorrhage in this way. I wish to relate another case of haemorrhage occurring five days after an operation on the septum. A fireman, sitting quietly in the station, suddenly noticed a gush of blood from the nose, and in a very few hours was almost unconscious. The haemorrhage could not be controlled by a neighboring physician. When he was finally sent to the Provident Hospital, he was nearly unconscious, pale and pulseless. We gave him saline injections under both pectoral muscles, and he recovered. There was no haemorrhage intervening.

J. Holinger: I have to answer one word to

Dr. Pierce. The superior fossa does not belong to the tonsil. Its walls are not tonsillar tissue. It is a pouch that stays open from embryonal life in about 20-30 per cent. of the people. If it makes trouble it must be cauterized. If it is attacked with the knife it cannot help cutting the palate artery.

W. E. Casselberry: I have observed no less than half a dozen cases of serious haemorrhage following tonsillotomy in adults, and have also had it happen once in childhood. It has happened after all the methods, but most frequently after the use of the tonsillotome. I have seen it occur as long as five days after excision by the galvano cautery snare due then to separation of the eschar. I have had it occur after the use of the cold wire snare, but this case was not so serious as others. Of late years, I have adopted largely with adults the fragmental method as a guard against haemorrhage, not that bleeding does not occur after the removal of small pieces of tonsillar tissue at a time, but one is better able to cope with it by prompt cauterization when the cut surface is small I have, however, had two copious bleedings after the removal of comparatively small fragments, not larger than one-quarter of a moderately hypertrophied tonsil. In one of these cases it occurred with the last of eight fragments of the two tonsils removed at intervals of a few days, the cut which bled being low down in the pharynx. It was stopped by cauterization of a small spurting vessel. In the other case it was also the last fragment, but the cut was located high up in the velor tonsil and the bleeding was stopped by digital compression. I believe these haemorrhages are liable to occur, no matter what method we adopt, and therefore I am chiefly interested in the measures to be taken to control haemorrhage at once before the patient becomes panic stricken or is exsanguinated? I believe that a haemorrhage which will be checked by tannic acid, ice, ferropyrine, and other preparations of iron, would stop itself spontaneously. I do not favor loss of time in the use of these materials in really serious cases, because my experience indicate that an arterial haemorrhage or a copious venous haemorrhage capable of exsanguinating the patient, will not be controlled by any chemical astringent. In the case mentioned by Dr. Pierce, where he packed a small cavity with cotton, saturated with ferropyrine, a good result was obtained, but it was undoubtedly the pressure secured, rather than the astringent which so promptly checked the bleeding. I have found that the best way is to sponge the throat clear of clotted blood even at the expense of momentarily increasing the haemorrhage, and to look for the bleeding point, just as one would in haemorrhage from an ordinary surface wound. If one does not find a spurting artery, one at least ascertains that it is not an artery that is bleeding, but a general venous ooze which information is of value in the selection of subsequent means of treatment. In the majority of cases of serious haemorrhage, however, you will find a vessel which has a slight spurt. In most, but not all of my own cases, I have been able by careful swabbing to cauterize that bleeding point with the galvano-cautery. This apparatus unfortunately is not always at hand,

also the bleeding may be so copious that without skilled assistance it would be impossible to carry out this method. If there is a cavity or deep sulcus between the faucial pillars that will retain gauze, one would of course pack it, but this favorable condition is usually absent. The next expedient is pressure and I believe this method is almost universally available, and if resorted to promptly would gain the desired end quickly. To exert pressure one always has at hand his forefinger and thumb, if not one of the various tonsillar pressure hemostats. In one of my cases after two efforts at cauterization while still in the office and a third effort at the hospital late in the evening had failed, I applied a Stork's tonsil pressure hemostat, which worked perfectly. In the absence of the hemostat, one must use the thumb and forefinger, but it is not always necessary to maintain pressure for a great length of time. In the majority of cases one-half hour at the most would be likely to suffice. Gauze wrapped around the finger is an aid and upon this may be placed any desired astringent. I adopted this method in the case above mentioned in which haemorrhage occurred after the abscission of the velar fragment of a tonsil and the bleeding which had resisted other methods for two hours ceased after ten minutes digital pressure. I have had no experience with catching up the bleeding vessel by forceps or ligating the stump or suturing together the faucial pillars. The patient is usually so panic-stricken that complicated methods could not be accomplished without a general anesthetic. One can conceive that a general anesthetic might be necessary to control the patient in order to carry out any method and this might be especially true of children. I recall only one case of my own in a child, a dispensary patient, aged ten years in whom secondary haemorrhage occurred eight hours after the operation and continued till syncope ensued when the bleeding ceased.

A Case of Latent Frontal Sinusitis.

BY GEORGE E. SHAMBAUGH.

This woman's nasal trouble dates back 12 years, when following an attack of typhoid fever she began to have a purulent discharge from the right side of the nose, which has continued every since. Seven years ago she had polypus removed from the right nares. I saw her for the first time two years ago, when she complained of difficulty in breathing through her nose and of bitter tasting discharge into her throat. Her throat felt dry and sore and she suffered almost continuously from severe frontal headaches, limited chiefly to the right side. She said she suffered frequently from chills and fever and was quite unfitted for any physical or mental exertion. On examination the left side of the nose was found to be normal. The right nares was completely filled with polypus. The pharynx was the seat of a dry pharyngitis. Percussion over the frontal sinuses elicited marked tenderness on the right side. The polypus were removed and with them the anterior end of the middle turbinated body. With

middle meatus thus freely opened I succeeded in irrigating the maxillary frontal and sphenoidal sinuses by introducing soft silver canulae through their normal openings. From each of the three sinuses a considerable quantity of fetid pus was washed out. I saw the patient for several months and during that time irrigated all three of the sinuses a number of times with a marked relief in the subjective symptoms and some decrease in the amount of the discharge. I did not see the patient again until this fall, when a marked change in her condition was noted. She has completely recovered from her severe headaches; the sensation of dryness and soreness in her throat has disappeared; the discharge from her nose has almost ceased and is noticeable only for a short time in the morning and after rising. I found the right side of the nose open and no recurrence of polypi. The sphenoidal sinus, the opening into which could plainly be seen, was clean and dry. Irrigation of the antrum brought out a clump of thick, fetid pus. Irrigation of the frontal sinus washed out a similar but smaller quantity of thick pus. Since then I have washed out the frontal sinus six or eight times. On a number of occasions the wash water came away quite clear and free from pus, but several times small clumps of pus were washed out. The case is of interest for the following reasons: It is a typical case of latent frontal sinusitis. Since the polypi were removed and the free drainage of the sinus has been established there has not been a single manifest symptom except on several occasions when following an acute cold in the head the symptoms again became quite marked. The patient has now no symptoms which would lead her to suspect trouble in the frontal sinus. The case is also of interest because it shows the difficulty in making a positive diagnosis of latent frontal sinusitis. At the present time all subjective symptoms are absent. Pressure and percussion over the frontal sinus give negative results. No discharge can be seen coming from the frontal sinus. Irrigation of the sinus has failed repeatedly to disclose the presence of pus. In such a case a single negative result on irrigation cannot be considered conclusive and only until repeated irrigations continue to give negative results can we conclude that the sinus is not involved. Could this case be examined early in the morning pus would no doubt often be seen oozing from the naso-frontal duct.

The case is further of interest because it shows what can be done by the conservative or intra-nasal method of treatment. This consists of removing all obstructions from the nose, including polypi, and the anterior end of the middle turbinated body. The case shows the close relation existing between the frontal and maxillary sinuses. In many cases of frontal sinusitis the maxillary sinus is also involved. That this association of suppuration in the two sinuses is not, in all cases, due to a secondary involvement of the maxillary sinus caused by the pus from the frontal sinus draining into this cavity, is proven by certain cases where the antrum has become infected from a carious tooth and where an involvement of the frontal sinus has followed. The close relation between sup-

uration in these two sinuses is easily understood when we keep in mind the close anatomical relations of the openings of the two sinuses. Both open into a partially closed trough, the infundibulum; the frontal sinus into the anterior end, the maxillary sinus into the posterior. Pus pouring from the frontal sinus while the patient is in the upright position will often discharge through the infundibulum directly into the antrum. Pus from the maxillary sinus may in turn empty through the infundibulum into the frontal sinus when the patient is in the horizontal position.

When introducing a canula to irrigate the frontal sinus, it is often difficult to tell when the canula has entered the sinus. The method of measuring the distance of the canula has passed into the nose is often deceptive. It has been suggested to magnetize the end of the canula and to use the compass to determine its position. The best method I have found is by the use of the X-Ray, the picture being taken from the side. I have here such a picture showing the canula in the frontal sinus.

Otto T. Freer: I would like to ask whether the opening in the frontal sinus was in the hiatus semilunaris, or in front of it. Killian says that the opening may be behind the processus unciniformis or in front of this, beneath the end of the middle turbinated bone. In the latter case the opening is very short, points directly under the middle turbinated body and is easy of access.

William E. Casselberry: I would ask Dr. Shambaugh what the condition was and is under transillumination. Also, whether in washing out the sinus at times when he says he gets no pus, how much pressure he uses, inasmuch as oftentimes when there is but little pus it adheres to the wall of the cavity, and it takes considerable pressure to wash it off. This is of diagnostic importance, as it indicates the degree to which the case has become latent, or whether it is actually a full recovery.

G. E. Shambaugh (closing the discussion): The opening into the frontal sinus was through the typical passage, that is, through the infundibulum. The usual opening for the atypical passage is in front and a little to the median side of the hiatus semilunaris. In regard to transillumination, when I first saw the case I thought I observed a deeper shadow over the right frontal sinus. During the last two months I have repeatedly tried the transillumination test without being able to detect any difference in the two sides. As to the amount of pressure used in irrigation, I made use of a fountain syringe, which I elevated about five feet above the patient's head. The canula used had a large opening and the water always flowed freely into the sinus.

A Fracture of the Septum with an Unusual Complication.

BY T. MELVILLE HARDIE.

Last August this little girl sustained a fracture of the Septum, and a small wound of the left ala nasi. The child's mother is uncertain

how soon after the injury the swelling began, but there is now as you have seen a very prominent cartilaginous swelling within the vestibule and involving a considerable portion of the outer wall of the nose. I do not know exactly what this is. In addition to dislocation of the cartilages, keloid and cyst must be considered, and the case is presented for your opinion and advice.

I had intended to present another case, one of probable laryngeal carcinoma of the posterior end of the left vocal cord, but unfortunately the patient had not appeared.

J. Holinger: The case Dr. Hardie presented tonight is a case of keloid. It brings to my mind another case occurring in a friend of mine, who took part in a duel. He was cut through the ear, face and nose, and I put in thirty-six stitches. It apparently healed very nicely, but I had not seen that the stenoian duct of the parotid gland was involved in the cut. A salivary cyst in the cheek formed and a fistula around the opening of it a large keloid developed which had several of the characteristics of this one. There is no doubt as to the diagnosis. In my case, the suggestion was made to inject papaoatin, and it worked very nicely, reducing the size of the keloid about one-third, but the constant oozing of saliva necessitated a secondary operation. The two ends of the duct were united, the keloid was removed, and did not recur. I would suggest to use papaoatin in this case.

A Case of Laryngeal Disease.

BY OTTO J. STEIN.

This patient is fifty years old, and complains of hoarseness. He has no pain. General health is very good. Temperature is normal. He coughs considerably, but expectorates little at present. The sputum is white, frothy and quite tenacious. He weighs 134 pounds which does not vary more than 3 pounds.

On examination I find an ulcer on the posterior half of the left vocal cord, surrounded by considerable induration. The ventricular bands are thickened, and there is an ulceration on the extreme end of the right cord. The arytenoids are not involved. He was operated upon last February by Dr. McArthur, who removed a portion of the ileo-cecal bowel with attached omentum. His diagnosis was tuberculosis, although there was no pulmonary tuberculosis demonstrable. There was nothing the matter with the throat at that time, except that the patient had a raucous voice, which he has had for many years. There has been no great loss of flesh, no dysphagia, no aphonia, no debility, no anorexia, and no typical tubercular sputum. The physical findings have always been negative, although his family physician now tells me that he thinks there is a sign of pulmonary involvement. His throat trouble commenced about five months ago, since when he has been under treatment constantly. His family and personal histories are very good. He is taking 105 grains of potassium iodide, with 1-5 grain bichloride per day and the symptoms have all improved. I made a curettement of the cord

preceding an application of lactic acid, but no tubercle bacilli were demonstrated.

Leukoplakia Buccalis.

This case began last January, on the left buccal mucosa. He first noticed a soreness of the cheek near the last molar. Some time ago a mass about the size of a finger nail was removed. When I first saw him, about a month ago, I noticed a thickened hornified excrescence of the mucous membrane, which bled readily on attempt at removal. There is some pain on eating. He also has white spots near the angle of the mouth. The tissue removed was very thick, and almost opalescent, and was found to be an epithelioma. I have been treating the case with anilin oil and iodide of potash in increasing doses. The oil is rubbed in twice daily. The condition has not improved, although the patient is free from pain.

Aneurism of the Arch of the Aorta.

BY JAMES T. CAMPBELL.

The patient Joseph S., aged 75 years, prior to his present complaint, always has enjoyed good health. For 30 years he was in the employ of the I. C. R. R., superintending the construction of water towers. This kept him out of doors in all kinds of weather and he had at times heavy lifting and straining to do. Occasional attacks of lumbago is the only disease from which he has suffered. Of late, however, he has had dyspeptic symptoms with constipation. Eighteen months ago while engaged in work about his barn he contracted a cold, had acute coryza and hoarseness. The hoarseness persisting brought him to me. On observing his breathing we see that he has a slight inspiratory stridor. The left pupil is dilated but responds to light. Dr. R. S. Patillo examined his eyes, found vision 20-200 in each eye and glasses of minus 3 dioptres gives him 20-30 vision. Cloudiness of the lenses prevented proper examination of the funduses. The arteries are cord-like, the radial pulse on the right has a greater volume than that of the left side. The left common carotid has a much greater diameter than it had 6 months ago. Tracheal tugging was well marked when he first came under my observation, but it now is less pronounced. The left vocal cord is in the cadaveric position; the left arytenoid cartilage is on a plane anterior to that of its fellow. In eating and drinking (cold water more particularly) he has some difficulty in swallowing. The particles seem to stop at a point back of the upper portion of the sternum and occasion cough. The cough is dry with no expectoration. On physical examination no unusual impulse is transmitted to the chest wall. On percussion, the heart dullness extends beyond the normal upward and to the left. On auscultation no bruit can be heard. By the fleuroscope the uniform dilatation of the artery can be very clearly seen, involving the transverse and beginning of the descending aorta. The absence of bruit is I think, accounted for by the fact that the arterial coats have expanded uniformly and that there is no special resistance to the blood current.

Ulceration of the Tongue Associated With Pulmonary and Laryngeal Tuberculosis.

JAMES T. CAMPBELL.

The patient Michael S., aged 33 years, has lived a rather irregular life, the scars on his face and neck are the signs of mortal combat. In 1899 he was in the county hospital suffering from acute pleurisy. On two occasions with the interval of one month serous effusion was drawn off. For the past 13 months the patient has had morning cough and expectoration. He has had no night sweats, no wasting, no loss of appetite, no appreciable elevation of temperature. For 6 months hoarseness has been present but as there was no pain, he attributed it simply to "a cold." Four months ago he noticed a small painless fissure on the dorsum of the tongue, this has kept gradually increasing in size, till it forms the anterior ulcer now present. The second smaller fissure appeared about one month after the first. A smear was taken from the depth of the larger ulcer, but pus cells and streptococci only were found. Examination of the morning sputum showed tubercle bacilli in abundance. There is dulness on percussion over both upper lobes of the lungs, with moist rales in the intra-clavicular regions. The free border of the left vocal cord is deeply ulcerated and an infiltration with ulceration is present in the inter-arytenoid space. Along the central line on the dorsum of the tongue, commencing about

1-2 of an inch from the tip, is a deep fissure of irregular outline, running backward about 1-2 of an inch. The fissure when opened shows undermined bevelled edges and is in reality an excavated ulcer of about 1-4 of an inch from side to side. Still farther back and to the left of the central line, about 1-4 inch from the tongue's tip is a smaller Y shaped fissure, whose extreme length is about 3-8 of an inch and is directed forwards and outwards; while from about the middle of its inner border, directed towards the central line of the tongue is a shorter branch about 1-16 of an inch in length. This fissure when opened also proves to be an excavated ulcer. There has been no glandular enlargement and up to very recently the ulcers on the tongue have occasioned no pain. Tubercular ulcers on the tongue occurring late in the course of pulmonary phthisis, usually attack men perhaps because of the irritation produced by rough pipe stems and hot tobacco smoke. A peculiar feature of these ulcers (and the peculiarity was noted in the case now presented) is that there is an absence of typical formation of tubercles; giant cells rarely occur and bacilli are scarce. In our case, there was simple proliferation of the epithelium and some round cell infiltration. Except for the fact that there was no dipping downward of epithelium, the tissues looked not unlike an epithelioma. Inoculation of an excised portion into a guinea pig has not as yet been tried.

John Edwin Rhodes,

Official Reporter.

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ILLINOIS Medical Journal

The Official Organ
of the
State Medical Society



Monthly Under Direction
of the
Judicial Council.

Printed by
THE ILLINOIS STATE JOURNAL COMPANY.

Entered in the Springfield Postoffice as Second-Class Matter.

Volume LI.
New Series, Vol. III. }
Number 10.

Springfield, Ill., March, 1902.

{ Subscription, \$3 a Year.
Single Copies, 25 Cents.

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VOL. LI.
New Series, Vol. III.
No. 10.

Springfield, Ill., March, 1902.

SUBSCRIPTION
\$3.00 A YEAR.

THE FUNCTION OF THE TONSILS, WITH A FEW SUGGESTIONS RE- GARDING THE DIFFERENTIAL DIAGNOSIS OF TONSILLAR AF- FECTIONS.*

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In a town of 800 inhabitants there are four practicing physicians. I do not know just what their relative popularity is, but as they are all making a fairly good living it may be supposed that the practice is about equally divided. One of them said to me not long since that he had performed 85 tonsillotomies in the last year. He said that if there is a tonsil to take out, he takes it out, and he attempted to justify his practice by saying that a certain text book recommends it. I am sorry to say that he spoke nearly the truth. For you would infer from reading this text book that any tonsil which can be seen is hypertrophied and a hypertrophied tonsil should be removed. Without commenting on the safety or unsafety of following Dr. Ingal's advice my purpose is to plead for a more intelligent and conservative treatment of the tonsils and tonsillar affections.

From not knowing what the function of an organ is, to saying it has no function, is but a short step, or if not exactly saying that the organ has no function, at least treating it as if it had no function, which amounts to about the same thing. And this has been especially the case with the tonsils. Until recent years most authors confessed not to know the function of the tonsils. Many theories were advanced, some of them vague and indefinite. But as they were mere assumptions they were not generally accepted. It was perhaps natural after a certain familiarity with the tonsils, and the familiarity brought no

definite knowledge as to just what they were for, to take a step farther and to think they have no function, and so were looked upon as foreign bodies, and their presence inimical to the general bodily welfare. And so the tonsils came to be looked upon as wholly superfluous and so treated with disrespect. Of course if they performed no useful function they must be an evil, and if an evil they should be eradicated. We have become very bold with our increasing knowledge, and we do not hesitate to say of many of the structures of the human body, that they are merely relics of a by-gone age, and that they are only atavistic tendencies inherited from the time when we were not the highly evolved creatures we are today.

But notwithstanding the mistakes of the past in the domain of medicine and the bold but unjustifiable plunges of the aseptic surgeon, both medicine and surgery are making advances to the benefit and relief of the long suffering race.

What are the functions of the tonsils? Before attempting to answer this question, it might be well, first, to state what they are. Before proceeding farther let me say that what is said hereafter refers to the fauceal tonsils only and not to the pharyngeal or lingual tonsil and no reference is made to them unless specifically stated.

The fauceal tonsils, then, are the two masses of lymphoid tissue, situated between the pillars of the fauces, having a not very uniform shape, and varying also greatly in size. It is almost impossible to describe a typical tonsil; about the only uniform characteristic being its structure and yet the very structure is one which undergoes certain progressive changes throughout life, which is common to all lymphoid tissues. Then, besides, lymphoid tissues undergo very rapid and marked changes under pathological pro-

*Read at the Fifty-first Annual Meeting of the Illinois State Medical Society, Peoria, May 21, 1901.

cesses, and it is impossible, often, to state whether the tonsils in a certain case are normal or abnormal. It is also impossible to give the boundaries of a normal tonsil. The anterior and posterior boundaries are fixed, being the pillars of the fauces, but the vertical extension cannot be definitely stated. Especially is this true of the lower border, prolongations of the tonsils extending in some cases as far as the laryngeal cavity. The amount of protrusion into the pharynx also varies greatly. And it is on this protrusion, that judgement is generally based as to whether the tonsils are hypertrophied or not. This judgement is fallacious because a tonsil that may be prominent from a lateral hypertrophy may be much smaller than one that is not seen, but which is greatly extended inferiorly. Arbitrarily, the pharyngeal limit has been fixed as a line on a level with the pillars of the fauces. I will not stop to comment on this, but only say that I think it erroneous. The point of commonality as before stated, is the general structure of all tonsils, being a mass of lymphoid tissue, showing on its outer surface numerous orifices, which lead down into blind pouches, and having the general appearance and formation of a gland. The similarity, however, between a tonsil and a typical gland ceases with the general structure. For the function of a gland, in general, is one of secretion or excretion. But the normal tonsil neither secretes nor excretes. It was the supposition of its being a gland proper, that lead to the erroneous conceptions of its function. When it ceased to be considered as a gland with excretory or secretory functions, investigators began to enquire along other lines. To Chiari of Vienna and Moure of Bordeaux, are we indebted for much of the recent literature on this subject and it seems to me their suggestions are worthy of consideration. The anatomical and histological structure of the tonsil proclaims it to be what? Simply a mass of lymphoid tissue. And what is the function of lymphoid tissue? Pre-eminently that of an absorbent. Here, then, are two conspic-

uous bodies on either side of the pharyngeal entrance, whose only function is that of absorbents. But with this idea there suddenly comes upon our consciousness a rather startling revelation. Not only laterally are there these two large absorbing bodies, but posteriorly is there another identical structure, which sends out connecting branches across the entire posterior wall of the pharynx and also anteriorly at the base of the tongue is another mass of the same kind, which, with that posteriorly and laterally form almost a complete circle of lymphoid tissue, which almost completely encircles the entrance to the respiratory and alimentary tracts. This circle of lymphoid tissue is not there by accident. In the economy of nature it is there for some purpose. Lymphoid tissue, if not the home, is always the rendezvous of the leucocyte. They are there in countless numbers. The function of the leucocyte is manifold and wonderful. We understand but little concerning it, but the little that we do know is marvelous and astounding. The phagocytotic action is not the least. That proposition I think has been abundantly demonstrated. You are all, doubtless, familiar with the theory. The throat is the great open gateway to the body. Through it pass all the essentials of life's sustenance. And through it also pass most if not all of the enemies of health, and the germs of death and disease. The food we eat, the water we drink, the air we breathe, pass this way. You do not have to stop to analyse this compound and intricate mass and volume to quickly imagine the numerous pathological agencies that thus can gain entrance to our bodies. Nature has made a heroic effort to guard this vulnerable point. To use a military picture she has placed four well manned forts about this entrance in the form of the four tonsils, and has also thrown out far reaching columns in the form of chains of lymph nodules thus completely encircling this entrance way. I think there is no question that this is all for an important purpose and we divine, at least, its reason. Throughout the ear-

lier period of life, not much respect is paid as to what passes into the mouth or through the nostrils. The tendency of the infant is to put into its mouth everything that comes its way. And on up through childhood it is pretty much the same. How many disease producing microbes that thus get into the mouth can only be imagined. And that these germs get in their work, we, as physicians know too well. To limit the effect of all the inflammatory and infectious processes that involve the mouth and nasopharynx, nature has placed between this large field so easily infected and the deeper bodily structures her best defenders, namely the four lymphoid structures and lymph nodules before mentioned, with their contained leucocytes. If one believes in the leucocyte and especially in its phagocytotic action, these lymphoid masses and nodules are a great preventive of many infectious processes.

I will not dwell longer on this part of my subject except to say that if what I have said is true, one will hesitate before thoughtlessly destroying this wall of defense. Now I know that the tonsils and the other lymphoid structures are subject to many inflammatory processes many of them primary, but many also secondary. And I am familiar with the many arguments that are brought forth, attributing to these inflammations of the tonsils many secondary and remote pathological processes in other parts of the body. Much of this I am ready to admit. But the admission does not carry with it the confession that because the tonsils are subject to many inflammatory attacks, they are therefore useless and should be removed. It seems to me it is something like saying that because the thief enters our house by way of the door, because of a defective lock, we will therefore take out the door entirely. Now I imagine some of you say that by taking out the tonsil you not only remove the door, but at the same time fill in the doorspace with impassable material. But this is considering the tonsil as the only offending organ, and is forgetting

altogether the role it plays as a guard against a deeper and more serious infection. Very many cases of tonsillitis are secondary, that is a reinfection, and the tonsils simply checked a further extension of the infection, and in this case, instead of the tonsil being considered an enemy to the bodily good, it is a friend and benefactor.

With advancing years, and as the habits of the individual become more cleanly, there is less use for the tonsils and they show a gradual retrograde process. And what are often very conspicuous bodies in childhood become almost unnoticeable in adult life. The writer does not admit that simply because a tonsil projects into the pharynx beyond the level of the fauceal pillars, it is hypertrophied. Neither does he admit that even if it is hypertrophied that it is dangerously pathological. It seems to me the main question is, has it degenerated to the extent that it has lost its function, and having lost its function is it inimical to health. The writer states unequivocally that a tonsil should not be excised simply because it projects beyond the fauceal pillars, because such tonsils may possess all of their original function and perform a useful purpose. The writer also disbelieves that simply because a child who has had one or two attacks of tonsillitis, shows upon inspection to possess slightly prominent tonsils, that therefore the tonsils should be excised. Of course to thoroughly eradicate such a tonsil would surely exclude the possibility of a future tonsillitis. But can you say that the tonsillitis is not the lesser of two evils, and that it was not in the effort to check a progressing infection that the tonsils bore the brunt of the onset and thus modified the infectious process to the extent that it localized itself in the tonsils and thus saved a more serious infection of a more vital organ. Let me suggest a few analogies. Suppose there is a venereal infection. You know if the initial lesion is not wholly localized or walled off by inflammatory exudate, you soon see

the nearest efferent lymphoid structure become enlarged or hypertrophied in the effort to check the onward progress of the virus, and usually with success.

Or suppose a case of malignant growth, the same thing is seen. If the lymph glands (so-called) had not attempted to check the progress of the disease would not more distant and vital organs have become sooner affected? Looking then at the peculiarly arranged circle of lymphoid structures that completely encircles the pharyngeal entrance is it not reasonable to suppose that it is there for a protecting purpose and when without just cause you remove an important part of these protecting tissues, are you not doing an injury to the patient? Now the writer believes that there are many justifiable causes for the excision of the tonsils, but that one of these is not simple tonsillar hypertrophy.

Before considering some of the conditions which the writer considers as justifying excision of the tonsils, permit me to say just a few words regarding the pathology of tonsillitis. The error prevailed until a rather recent date regarding tonsillitis as of many other diseases which exhibited some peculiar local manifestation that the local process was the disease itself, instead of being simply a local manifestation of a general and systemic infection, such for instance as the serous arthritis in inflammatory rheumatism or the membranous exudate in diphtheria. The inflamed joint and the membranous exudate were, for a long time, considered the disease itself. Now I think scarcely anyone maintains that idea. And so the concomitant pathological processes that were often seen with these specific infections are not now considered as secondary infections (meaning thereby metastatic) but merely other local manifestations of the one general disease. In rheumatism the joint affection does not cause the endocarditis which so often accompanies it, but both are the result of the original specific infection. And so the writer believes that much that has been said regarding follicular tonsillitis as the cause of secondary infections

such as endocarditis or pleuritis is based on a similar error regarding the pathology. Acute follicular tonsillitis is not merely a local inflammatory process confined to the tonsils, but part of a general systemic infection.

Referring now to some of the conditions which justify the excision of the tonsils. I have time only to briefly mention the following:

1. A simple hypertrophy of the tonsils which causes them to occupy so much of the pharyngeal space as to prevent the entrance of sufficient air in breathing. But this would have to be considerable so as to cause the pharyngeal space to be of less calibre than the trachea.

2. In cases where the hypertrophied tonsils have pressed on or drawn upon the pharyngeal opening of the eustachian tube so as to close it or distort it and thereby interfere with its function.

3. Hypertrophied tonsils that are subject to recurring attacks of tonsillitis.

4. Tonsils that have previously been subject to recurring inflammations where the function of the organs has been destroyed, and show considerable degeneration.

5. Tonsils whose crypts have become filled with caseous matter which is offensive, conducing to foul breath.

6. Tonsils that are subject to lacunar ulceration.

7. Cases that have developed a quinsy habit. In these cases the removal of the tonsil generally prevents a recurrence of the quinsy.

8. In cases of lupus or tuberculosis of the tonsil as well as in cases of malignant growth.

9. When the enlarged tonsils interfere with voice production to the extent of annoyance or incapacity for continued speech or where they interfere with the production of pure tones in voice culture.

10. After the age of puberty, there sometimes remains a mass of more or less fibrous tissue, occupying the tonsillar spaces, which has lost most of its lymphoid

characteristics and partakes of the nature of a foreign growth and when they are inimical to comfort or well being, should be removed.

I would like to speak of the differential diagnosis in some of the tonsillar affections which the writer deems of great importance, but the limited time does not permit of one's doing justice to the subject. However, there are a few suggestions that I beg to make regarding the common use of the term tonsilitis. Tonsilitis conveys no more meaning than the word fever. To say that a person has a fever means but little. The word only suggests a multiplicity of conditions and you know scarcely anything as to the real condition of the patient. While the word tonsilitis has not the complex and varied meaning of the word fever, still as it is generally used it may mean anyone of many conditions. I will only briefly refer to the most important.

1. Acute Follicular Tonsilitis, more properly called croupous tonsilitis. The general characteristics of this affection you are all familiar with. Although the name would imply a purely local process, it causes a general systemic infection.

2. Herpetic Tonsilitis. This is probably mistaken for follicular tonsilitis oftener than any other affection and while it possesses much that might suggest the latter it is a radically different disease. As a rule its onset is very rapid, the temperature quickly rising to 103° to 105° F., the headache is intense, frequent chills and considerable aching in the muscles and bones. As in follicular tonsilitis, during the first day or two it may be impossible to diagnose the condition. The throat symptoms generally manifest themselves about the second day, when the tonsils are seen to be red and swollen as well as the pillars of the fauces and the pharynx. There soon appear numerous herpetic vesicles, more numerous on the tonsils, but also, may be seen on the other parts of the pharynx, as well as the uvula. About the third day the vesicles have ruptured, small ulcers appear, which soon be-

come covered with a whitish coating, a veritable false membrane, which may coalesce, and cover the entire tonsil and also the post pharyngeal wall. The whole process disappears in four or five days and convalescence is rapid. I have known these cases to be frequently called follicular tonsilitis and are doubtless also often called diphtheria. Herpetic tonsilitis occurs most frequently in malarious districts and is believed to be caused by malarial infection. Be that as it may, quinine is the most efficacious remedy in these cases, and the writer believes that it was an error in diagnosis which is responsible for the statement often heard that quinine is a useful or even an abortive remedy in tonsilitis.

A peculiarity of herpetic tonsilitis is that it is not accompanied by glandular enlargement.

3. Ulcerative Lacunar Tonsilitis is sometimes mistaken for follicular tonsilitis, although this error should seldom be made because the general course of the affection has but few points in common with follicular tonsilitis, although it can be more readily confused with some of the other diseases of the tonsils.

Ulcerative lacunar tonsilitis exhibits, but few initiatory symptoms, the first thing the patient noticing being a difficulty in swallowing and when seen the lesion is present. There will be seen on one, sometimes on both tonsils a grayish ulceration covered by a cheesy mass, which can be easily removed, and showing a deep red granular surface. While the borders of the ulcer are clear cut, red and inflamed, but not much swollen, the rest of the tonsil is but little affected. The trouble is a purely local one, confined to one or a few of the crypts and not extending to the surrounding parts. The ulcer may be as large as a dime or larger and generally round or oval in shape. The ulcer may be quite deep, even extending to the floor of the tonsil. There is seldom little, if any fever. There is usually no swelling of the submaxillary glands. The lesion generally runs its course in a few days.

If treatment is instituted it should be confined to mildly antiseptic washes.

The affections that have been mentioned are all promiscuously called tonsilitis, and yet how different in their essential characteristics as well as their treatment. I have refrained from mentioning diphtheria purposely because my intention was to ask your consideration of the other affections of the tonsils, rather than the one of which you already know so much. But the writer wishes to briefly mention diphtheria only for the purpose of saying a few words regarding the diagnosis from a bacteriological basis. It is simply this that the presence of the Klebs-Loeffler bacillus in the throat of a person suffering from a tonsillar affection, does not unequivocally stamp the case as diphtheria, and the judgement of the efficacy of a certain line of treatment based on such a diagnostic method, is gravely at fault. Now I beg not to be misunderstood. The writer believes all cases of true diphtheria are caused by the Klebs-Loeffler bacillus, but every bacillus does not cause a case of diphtheria. In very many normal throats, have the bacilli been found, but you would not say such persons have diphtheria. Nor is it at all unreasonable to suppose that such a throat could have other inflammatory affections than diphtheria? You often find the pneumococcus in normal throats. Have such persons therefore pneumonia? Surely not. You often find in the intestines of healthy persons the typhoid bacillus. Have such persons therefore typhoid fever? Surely not. And so it seems to me that a diagnosis based on a bacteriological finding, only, is most unreasonable. And yet I do not underestimate the great value of the bacteriological examination. The writer believes that every case of membranous sore throat of suspicious character, should be most carefully examined, microscopically as well as otherwise, and if the Klebs-Loeffler bacillus is found the case should be treated and guarded with extreme caution. It might be diphtheria, and until the question is completely settled, one cannot be too careful. But the mere

presence of the bacillus does not necessarily stamp the case as diphtheria. You might have a dynamite bomb in your house, but not necessarily an explosion. There may be an anarchist in your community and yet not anarchy. There may be an incendiary in a city, but not a conflagration.

As to the other numerous affections of the tonsils, such as tuberculosis, lupus, the various manifestations of syphilis, the malignant growths, etc. etc., only one will be briefly mentioned namely, "mycosis of the tonsils." When this affection is present, you notice on superficial examination what appears to be a yellowish or whitish deposit or exudate on the tonsils and which might be mistaken for one or another of the various tonsillar affections. It is important to recognize the true nature of the trouble because if improperly treated it runs a chronic course and does not yield to the simpler methods of treating throat affections. The disease is characterized by the presence of the *leptothrix buccalis*, a fungous growth, and sometimes persists with great stubbornness. We may have to resort to a mechanical removal of the growth, but generally a cure can be effected by applications of chloride of zinc, 1 to 15 or tincture of iodine, or chromic acid.

THE OPERATIVE TREATMENT OF SADDLE-NOSE - WITH TWO IL- LUSTRATIVE CASES.

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pital, Chicago.

The surgeon is often brought in contact with this class of unfortunate patients, whose hideous deformity is a constant menace to their happiness. This condition is produced both by trauma, where there is a depressed fracture of the nasal bones and also by disease, principally syphilis, where the supportive bony frame-work is destroyed.

In case of fracture an immediate ele-

vation of the depressed fragments, and their proper maintenance in their natural position, almost without exception prevents this condition.

In a case of an old fracture of the nose, where the nasal bones have become deeply impacted, there is usually considerable interference with breathing, due to the narrowed space produced by the fragments themselves, as well as to obstruction by callus formation.

The correction of this defect has two purposes. First, physiological restoration of breathing, and, second, cosmetic result. This may be accomplished by both an intra-nasal or an extra-nasal operation. In recent fractures reposition of the displaced fragments is easily effected by the intra-nasal route.

Rhinologists, as a rule, are in favor of this plan in cases of fracture of the nasal bones, but I believe an external incision is far better in these cases, as it is an operation of precision; the bones can be re-fractured at a definite point and any excess of callus can be removed. The external wound is small and with careful suturing with a fine suture material, such as horse-hair, a delicate linear scar is the immediate result, but, which in the course of a few weeks is almost imperceptible. This method contrasts favorably with the intra-nasal operation, where the depressed fragments are raised by brute force directed blindly, whereby only too often there is produced a comminuted fracture of the nasal bones, with injury of the mucous membrane of the nose, and the remote risk of emphysema of the surrounding soft structures.

In cases of saddle-nose caused by a depressed fracture of the nasal bones, I perform the following operation: A vertical incision one inch and a half to two inches is made in the middle line of the nose over the depression, the skin and soft structures are carefully dissected back from the underlying fragments. With a narrow chisel the nasal bones are fractured at a point where they join the nasal process of the superior

maxillary bone, care being taken not to injure the mucous membrane. A Kocher director covered with gauze, is now passed into each nostril alternately, and the fragments thoroughly mobilized and the nose moulded into the desired shape. A straight needle armed with medium sized silver wire is passed through the nose laterally, underneath the fragments. Lead discs are placed on either end; the wire is tightened and fixed on the discs; thereby supporting the fragments and also narrowing the bridge of the nose to the desired extent. At this stage I wish to lay stress on the danger of causing pressure necrosis of the alae of the nose. It is well to mitigate this by placing a pad of gauze between the disc and integument. In the future I intend to use cork or some other pliable substance instead of lead. The external wound is now coaptated by accurate suturing.

The most important step of the operation is now in order; and that is, a proper retentive apparatus: Rubber tubes of the desired calibre should be placed in the nostrils to facilitate breathing and to act as an intra-nasal splint.

These are retained by adhesive strips to the cheek. A plastic splint is now made to conform with the new bridge. This is easily done by folding several layers of hygroscopic gauze and impregnating it with plaster-of-Paris. This is dipped into warm water and is then moulded to the nose and held into position under pressure of the hand until the cast has set. Care should be taken to have the cast reach from the root of the nose to the lower border of the nasal bones. The cast is retained in position by means of adhesive strips. After such an operation the patient should be watched from day to day, the tubes should be frequently removed, and the nasal cavities cleaned. In case of unequal pressure within the nose, this can be remedied with different sized tubes, or by reinforcement with iodoform gauze. The silver wire should be removed at the end of five or six days. The tubes and cast should be re-

tained for 15 to 18 days. Figure I represents a case of marked saddle-nose. The patient was a young man 23 years of age, who, eight years previously, had fallen down the stairs, fracturing his nose. Medical treatment was not obtained and the result was a marked depression of the bridge of the nose. No interference with breathing. I performed the above operation with the result as shown in Figure II.

Saddle-nose caused by a destruction of the osseous framework of the nose is a much more difficult condition to contend with. Operations without number have been devised to supply this lost structure; such as transplantation from the superior maxilla, the frontal bone, phalanges of the fingers, portion of a rib, etc. In a typical case of saddle-nose in which there is no loss of substance of the alae, an osteoplastic flap from the forehead is the ideal operation. The size of the flap must be considered in each case. I do not believe it is necessary to make two flaps from the forehead as advised by Koenig; that is, one flap containing the osseous structure, to be covered by another consisting of integument. One flap is sufficient and in my hands has given excellent cosmetic results. It consists of making an incision in the long axis of the nose from the frontal eminence to the lower limit of the depression of the nose. The integument is dissected from the mucous membrane, great care being necessary not to injure the mucous membrane; otherwise there is danger of subsequent infection underneath the transposed flap. The denudation is carried on to the required extent, which, as a rule, is an inch wide and two to three inches in length. After careful hemostasis the raw surface should be covered with a hot compress. The frontal flap is next made. This should be one-third larger than the denuded area and should be made in an oblique direction so as to include the angular artery. The incision must be carried down to the bone. Great care should be exercised not to separate the periosteum from the bone. The external table

of the frontal bone, is now detached in a line with the external incision. This requires great caution as the delicate layer of bone is easily splintered into chips. It should be the endeavor to remove the entire layer of bone en masse if possible; although I have seen excellent results following isolated chips, as long as they remained attached to the periosteum. This flap is now mobilized into the denuded area and sutured. This can be readily done, on account of the obliquity of the flap. The wound in the forehead is now closed. If there is tension, the edges of the wound should be undermined, when coaptation is easily effected—a method far better from a cosmetic standpoint than Thiersch's skin-grafts. In two weeks' time the excess of tissue at the point where the flap is rotated can be removed under local anesthesia.

Figure III shows a marked case of saddle-nose which I corrected by this method.

Figure IV shows the condition three weeks after operation, and Figure V, one year later. The result was ideal in every respect, the scars being scarcely visible.

THE MEDICAL ASPECT OF APPENDICITIS.*

BY W. E. GILLELAND, M. D., COATSBURG.

It has been announced that I would read you a paper on the medical aspect of appendicitis. I have it written on my tablet, "on the etiology and pathology of appendicitis and contiguous organs."

I have no apology to make for reading a paper on this subject at this time, nor will I consume your time in giving you the anatomy and relation of the parts; yet, I would have you bear in mind that the appendix vermiformis is, as its name implies, a worm-shaped organ about the size of a small lead pencil, and from three to six inches in length, is hollow throughout its entire length, is attached to the caput caecum coli; and for the greater

*Read at the Fifty-first Annual Meeting of the Illinois State Medical Society, Peoria, May 21, 1901.



FIGURE I.



FIGURE III.

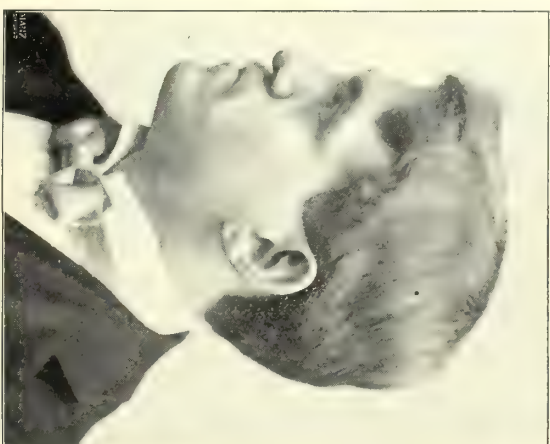


FIGURE II.



FIGURE IV.



FIGURE V.

part of its length floats free in the peritoneal cavity.

The word appendix, as used here, signifies something attached or appended to; and, in some degree implies that it is an integral part of that to which it is attached. The appendix vermiformis is an appendage to, and an integral part of the caput caecum coli; and we are told that it is an undeveloped part of that organ, for which nature seems to have no use. Do you believe, the great Creator of us all, would spend either time or energy in creating an organ which is utterly useless. If we can find no use for it, would it not be more honorable in us to admit the fact, than to condemn it as utterly useless. Further on I hope to discover to you that it is not only not useless, but, on the contrary, that it is rather an important little organ.

The appendix vermiformis, in common with all the hollow viscera composing the alimentary canal, is composed of three coats or layers, the serous, muscular and mucus coats; and its attachment to the caput caecum coli is a continuation of these coats. The lumen or cavity of the appendix is lined with ciliated epithelium, thickly studded with muciparous glands, and abundantly supplied with blood vessels, indicating that it is capable of considerable activity. It discharges its contents, or rather products, into the caput caecum coli through an aperture, which Henry Gray, F. R. S., in his works on human anatomy, says, "is protected by an imperfectly formed valve," I would rather say that it is protected by a more or less perfectly formed sphincter, whose function it is, to guard the sacred precincts of appendiceal canal from improper intrusion.

We will now allow the appendix to rest under guard, and in presumable security, while we take a prospective view of the principal, or, if you prefer, the parental organ, to which it is an appendage.

The caecum comprises all that portion of the alimentary canal between the ilio caecal valve and the appendix, including the cap, which shuts off and closes the

end, forming a cul de sac, usually called the blind gut; and, to the cap of which the appendix is attached. The coecum is the largest, most widely dilated portion of the alimentary canal below the stomach. In the upright position, it might be compared to a hollow tube, standing on end, which, in the adult would be from four to five inches long and from two and a half to three inches wide.

The contents of the smaller bowels, containing all manner of indigestible substances, floating in a semi-fluid mass, are poured into this viscus, through the ilio caecal valve, reaching this dilated portion of the alimentary canal, the current is broken, and the semifluid mass comes to a state of comparative rest. In this state of quiescence the heavier and indigestible particles have a tendency to gravitate to the bottom of the tube, where if not properly taken care of by the resources of nature, they have a tendency to form a bank or cake. This sediment accumulates by accretion, and as the fluids are absorbed becomes firmer and forms a solid mass. This solid mass, being composed of indigestible, and solid substances such as the-skins and seeds of fruits, etc., has a more or less roughened surface, which roughness increases as the mass becomes firmer. You will observe that this rough surface, is in contact with, and infringing directly upon the mucus lining of the caput caecum coli. The irritation of the mucus membrane by the infringing mass is the normal stimulus to that muscular action, which is necessary to the starting of this mass up the ladder and out of the way. Several things, sometimes conspire to prevent nature from quietly and nicely performing this duty. Your patient is of sedentary habits. He neglects—nay, he does more, he puts aside the calls of nature, until the non-striated muscular fibers of the entire colon cease to respond to their normal stimulus. At the same time he is engaged in solving some mental or financial problem, and the last portion of nervous energy of which he is possessed, is detracted from the alimentary canal, and

spent on other objects. It may be objected that many of these cases are in children. They are school children, however, and subject to the same conditions. The mass remains, it becomes larger and heavier. It also becomes firmer, dryer, rougher and more irritating. The irritation of the mucus lining of the caput increases until it crosses the normal limits and becomes inflammation, at first, perhaps, very limited, but it has a tendency to extend. I would now call your attention to the location of this inflammation. You will observe that it is situated in the caput caecum coli, and is directly over or surrounding the mouth of the appendical canal. The effects of inflammation are upon the mucus membranes, to dry up their secretions, upon the muscular tissues to paralyze them, upon the serous membranes to provoke their adhesion to each other, and upon all, to infiltrate them with blood and serum. The mucus lining of the caput is in a state of inflammation. Its power to secrete mucus was exhausted by irritation and is now dried up. It now suffers greater irritation from want of proper lubrication. Right here and now, is the place and time, where and when, the little appendix vermiformis gets in its work. Inflammation of the mucus membrane of the caput excites it into activity and it now pours out a copious discharge of thick viscid mucus, for the two-fold purpose of lubricating and soothing the inflamed mucus membrane and of filling up the inequalities on the surface of the offending scybala. In performing this good work, in this time of greatest need, the little appendix challenges our admiration. It performs a most wonderful work of humanity and we do not, and never can know, how much we owe to it, how many dangers it has tided us over, and how many of our lives have been saved by its beneficence. Let no man speak disrespectfully of the appendix vermiformis or charge it with vagrancy or uselessness, until he actually knows of some evil with which it may be charged.

The inflammation in the caput still goes

on, and extends in all directions, along the membrane originally attacked, through it to the muscular coat and the peritoneum. As the inflammation extends and paralyzes the muscles, the efforts of nature to remove the offending scybala grow weaker and finally cease all together. When it reaches the peritoneum, if any considerable portion of it is involved your patient is made conscious of having something the matter with him. He feels sick and goes to bed. In the meantime the inflammation has extended so far as to involve a considerable portion of the appendix. Its muscular coat, of which, the sphincter above mentioned, is a component part, is paralyzed, its tissues are infiltrated, its canal is very much enlarged and the door of its outlet, so jealously guarded by the sphincter, stands wide open.

Forty or fifty years ago, this identical condition, was described in some of our text books, under the head of typhlitis and when it had extended to surrounding tissues, perityphlitis. I have no doubt that now, you all have in your minds an impaction of the colon. I want to suggest that the mass at the bottom or cap of the caecum, need not assume the dignity or magnitude of an impaction. A very small mass, of sufficient density and roughness, remaining here, for a sufficient length of time, and not at all interfering with the passage of the contents of bowels, is sufficient to set up and keep up the inflammation under consideration. Indeed a spicula of bone, a splinter of wood, or the core of an apple, lodged here might provoke such an inflammation.

Your patient has gone to bed—has assumed the horizontal position. Why? It brings a degree of relief. It is a continuation of nature's efforts to get rid of the offending mass, and protect itself. Right here is a suitable place to impress on your minds the importance of the horizontal position, even to the elevation of the hips, in the management of these cases. It gives the mass a chance to gravitate away from the seat of the inflammation. Once away, the fluids and digestive juices of the

alimentary canal, surround it on all sides and dissolve or digest out all the more soluble portions which cement the mass together and allow it to crumble and fall to pieces, while the canal of the appendix is expanded, and its mouth widely dilated, the crumbling of the mass has set free all the solid particles and the proverbial grape seed has assumed a threatening attitude. The act of coughing, sneezing, vomiting or turning the body might now be all sufficient to send that grape seed to the depths of the appendiceal canal aside from traumatism.

Can you imagine any other way under heaven, whereby a foreign substance might enter and be found in that canal. Observe the healthy appendix. Its canal is scarcely large enough to admit your finest probe. Its entrance is jealously guarded by a sphincter, without violence it would tax to its uttermost, all your dexterity to place a grape seed in that canal. Observe again the healthy appendix, see how well it is protected from traumatism; see how it is protected from irritation calculated to provoke inflammation. Its outer surface is covered and comes in contact with the peritoneum only, one of the smoothest surfaces in the body and lubricated with peritoneal fluid, the blandest, most perfect lubricant known. I am willing to admit that the inner surface, in common with all mucus membranes is subject to catarrhs, but in the healthy condition, irritants either mechanical or chemical, never come in contact with its mucus lining. Of all the organs, in the body, I know of not one which, in and of itself ought to be freer from attacks of inflammation than the appendix vermiformis. But we have abundant evidence that it does become inflamed. Why? Because of the company it keeps. It is attached to, aye, it is a part of the caput caecum coli; an organ, than which there is no other in the whole body so unfortunately situated. It is a blind gut. It stands on its head. The contents of the alimentary canal do not pass through it, as they do through other parts of the canal. By a kind of counter marching they re-

turn back up the caecum, past the ilio-caecal valve, to the beginning of the colon. The caecum is a veritable trap for catching all manner of irritants and they are deposited on the caput, where there is a continual struggle going on, to get rid of them the chances for the caput caecum to become inflamed compared with those of the appendix, are, as a hundred to one.

Thirty-one years of careful observation and study of this class of cases, have driven me irresistibly to the conclusion that inflammation originating in the appendix is extremely rare. That our ordinary cases of appendicitis are cases in which the inflammation has reached the appendix by extension and that foreign bodies enter the appendiceal canal, not as a cause of inflammation, but rather as a consequence of it. I will not undertake to say that this is the only way in which inflammation can or may reach the appendix, for we all know that there are traumatic cases, catarrhal cases, and cases in which the inflammation has extended along the peritoneum from the pelvic or other organs. I should be pleased to report a number of cases, supporting the position I have taken, but you must remember, that we are limited as to the time we consume in reading our papers. Fifteen minutes is a very limited time in which to discuss appendicitis. However, I cannot refrain from giving you one, briefly.

On the 16th of September, 1890, at 9 A. M., was called to see Roy McC., a lad ten years old. Had been well up to 9 o'clock the evening before, when he was seized with rigors and colicky pains, starting in the right iliac fossa and radiating to all the abdominal regions. At my visit he had a temperature of 103, headache nausea, a continuation of the pain, and a rapid wiry pulse. His decubitus was dorsal with the right leg drawn up. Palpation revealed a tumor under McBurney's point about the size of a small turkey egg, which was exceedingly tender. Can you imagine anything originating in the appendix, that would have given rise to such a tumor in twelve hours? Doubtless this

tumor was here, and the mucus membrane of the caput, in a state of inflammation prior to the chill. The rigor and pain heralded the invasion of the peritoneum. The treatment instituted was calomel to open the bowels, Dovers powders to relieve the pain and cold compress to the site of inflammation; all of which were fairly successful. The fever was reduced to between the normal and one hundred and the pain was considerably reduced; the tumor still remained about the same, and the tenderness was only slightly mitigated. On the 9th or 10th day of the disease, constitutional symptoms of suppuration began, such as profuse sweats and slight rigors. At this time the question of surgical interference was discussed. At that time the operation for appendicitis was not as well known as it is now, and it was more difficult to get consent. This caused a delay of five or six days, and then resulted in sending to Arcola, Ill., for the father's brother who was a physician, and who reached the bedside of my patient at 10:30 P. M. He had ample time and opportunity of examining my patient, and he confirmed the diagnosis of appendicitis, and also told the family that an operation was imperative—the only thing which gave the shadow of a hope. On my arrival the next morning, I found my patient at stool, and that was the third one since midnight. The character of the stools had attracted the mother's attention and she had saved each one separately. The first one had a few small crumbs of a broken scybala, the second had in it, three seeds and a part of the core of an apple, the third contained about an ounce and a half of crumbled scybala, blackened and hardened by age, and all floated in pus streaked with blood. After our patient had rested we examined him and behold! his tumor was gone, and he expressed himself as feeling better. In four days I turned him over to his mother as fully convalescent. I could give you a dozen cases of which this is a typical one. I have had three cases where there was great tenderness, and some swelling, but no well de-

fined tumor. One of these had four distinct attacks of inflammation. First in the caput, second at the hepatic flexure, third in the descending colon below the splenic flexure and again at the sigmoid flexure. These attacks of inflammation extended over a period of sixteen months, each of which ended with a copious discharge of pus and blood as if an abscess had opened. Six or eight days after the fourth discharge my patient passed a fish bone, one and a half inches long and the size of a pocket case probe.

Finally let me request you to bear in mind the leading idea of this paper, when dealing with this class of cases, that the appendix itself is rarely the primary site of the inflammation, that foreign bodies are found in it as a consequence of inflammation and not as a cause of it, and I trust that in the use of all the modern aids to diagnosis including the X-Rays, you will be able to make a differentiation between appendicitis and perityphilitis, that you will be able to determine when there is a foreign substance in the appendiceal canal, or pus in or around it, either of which would invoke surgical aid, or whether the case be one of typhlitis, which may be safely left to position and medical treatment, and the innocent and useful appendix be saved.

Discussion.

C. B. Brown, Sycamore: I would not rise to discuss this subject at all, only because of the uniqueness of the theory of the essayist.

Just what the design of the Creator was in giving us an appendix, I do not know. Its principal office at present seems to be to furnish titles for papers to be read at medical meetings, and fees for surgeons and undertakers.

Appendices removed by operation would seem to prove that the origin of the trouble was in the appendix and not in the cecum. Cases will recover usually so long as the lumen of the appendix is pervious, but when the stricture is complete, trouble will ensue—that will need an operation—and you will usually find the cause of the trouble in the appendix.

Arrange to attend the annual meeting of the Society at Quincy May 20, 21 and 22.

The Illinois Medical Journal.

The Official Organ of the State Medical Society.

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The JOURNAL is published monthly. The subscription price is \$3.00 per annum in advance. The JOURNAL is furnished free to the members of the Society.

Entered at the postoffice in Springfield as second class matter.

MARCH 1902.

MEDICAL MALEFACTORS.

An epidemic of lawlessness seems to be prevailing in the profession of Illinois at this time. Never in the past 25 years has there been recorded in the courts so many cases involving the reputation of medical men. Like other epidemics it demands serious consideration and prompt action on the part of those who would safeguard the interests of the commonwealth. The first essential is publicity. Let it be known among the people that the real ability of

the pirates is in inverse proportion to their claims and advertisements and they can not long survive. Let it be known among the honorable physicians of the state that the pirates are trading on the good name of those who are laboring honestly and unselfishly and they will speedily become aroused to demand that these swindlers be punished as they deserve. They will unite in asking of the legislature, soon to convene, that a new law establishing a board of examiners be provided whose duty it shall be

to enforce rigid discipline on those already in practice as well as to carefully provide examinations preventing the unworthy and unqualified from entering the practice. Let it be known that rigid discipline will be enforced and the criminals will not long endeavor to ply their unlawful practices in this state. Not only that but many young men will doubtless be prevented from entering on a career which at first promises much to them in a pecuniary way but which only ends in disgrace and disappointment. Further and better than the correction of these evils will be the sense of self respect imparted to the profession. Denuded of the dead weights the profession should speedily rise to the eminence which we believe it is destined to attain. Then it will not be necessary for us to apologize for the grovelling every time we make an appeal to the representatives of the people. The statement made by the Judicial Council in this issue bears witness to the truth of this fact. In order that our readers may learn of some of the happenings in the state we have assembled under the head of State Items some clippings from the lay press relating to this subject. These facts do not make pleasant reading but should be perused by all our readers in order that an inspiration to work for better things may be gained.

HEALERS MUST HAVE LICENSES.

After many months of waiting the Supreme Court has given an opinion favorable to the Law of 1899 regulating the practice of medicine. Possibly if the Ross case were carried to that high and sensible tribunal a reversal of the Appellate Court decision might be obtained. The gist of the decision in the Gordon case is as follows:

Magnetic healers and osteopaths must

procure licenses from the State Board of Health, according to a decision handed down by the Supreme Court at Springfield yesterday in the case of the people against George P. Gordon, which came from Rockford. This is the first time the court has been given an opportunity to take a stand on the question and its opinion is far-reaching.

Gordon advertised himself as a "healer" and procured business in Rockford. He was charged with practicing medicine without a license, and after trial the Circuit Court directed the jury to find for the defendant. The Supreme Court reversed and remanded the cause. The opinion begins by quoting that part of the statute which says:

"The examination of those who desire to practice any other system of science of treating human ailments, who do not use medicine internally or externally, and who do not practice operative surgery, shall be of a character sufficiently strict to test their qualifications as practitioners."

Continuing, the court says:

"We all agree that the object of this is to protect the sick and suffering and the community at large against the ignorant and unlearned who hold themselves possessed of peculiar skill in the treatment of disease, and to prevent them from holding themselves out to the world as physicians and surgeons without having acquired any knowledge whatever of the human system or of the disease and ailments to which it is subject. Without some knowledge of the location and offices of the various nerves, muscles, and joints the manipulation of those parts and the flexing of the limbs cannot be intelligently, if, indeed, safely, practiced.

"Merely giving massage treatment or bathing a patient is different from advertis-

ing one's business or calling to be that of a doctor or physician, and, as such, to administer osteopathic treatment. The one probably falls within the profession of a trained nurse, while the other does not."

THE OSTEOPATH BILL OF 1897.

In 1897 when professional organization in Illinois was at its lowest ebb and the Still science was in its apogee a bill of the most revolutionary character giving osteopathy unbridled license was passed by both houses of the legislature. In the senate especially it seemed impossible to present any arguments which would result in a decent consideration of the rights of scientific medicine. During the last hours of the session agitation was begun to arouse the profession which until then had not realized the danger which threatened. A special messenger was dispatched by the writer from Springfield to Chicago to communicate with the secretaries of the different societies and have them urge action on the part of individuals. A few of the members of the profession in Springfield assembled and called their representatives to time especially the speaker pro tempore of the house. The agitation thus inaugurated had its effect and influenced Governor Tanner to veto the bill. The members of the profession have not forgotten the politicians who betrayed them at this time. In due course of time the speaker pro tempore came up for renomination and was defeated largely because of his stand on this question. The following letter omitting names has reference to the attitude of a certain senator who is seeking a nomination. This same man has said that if he wanted to he could ally himself with the irregulars of the state and smash the regular profession. If this man should be re-

turned to the senate he will probably "want" to make such an alliance with its attendant perquisites. His statements now explain why no arguments availed in the senate of 1897.

Dear Sir: In my interview with _____ the 20th inst., he stated to me that in 1897 he had received a fee from Dr. Still, of the Kirksville School of Osteopathy, for his advocacy of an Osteopath measure pending in the legislature, and had also intervened with the Governor, (Tanner), insisting upon the Governor signing the bill favorable to their system. Concealed within that bill was the license to throw the state wide open to any and all kinds of sharks and frauds which might see fit to practice their nefarious schemes on the people. Fortunately your county has few of this irregular class within its borders. Your physicians, with few exceptions, are licentiates of the State Board of Health, having met all the requirements of that board. You will not run the least risk of incurring the enmity of any licentiate physician of your county by giving him these facts. You may make such use of these facts as you think proper.

Enclosed you will find lists of the physicians of _____ County.

Very truly,

OSTEOPATHY DEFEATED IN NEW YORK.

The Osteopathic Brethren received a well merited reversal in the New York legislature as indicated in a dispatch from Albany printed below. The strength and influence of the professional organizations in that state altogether numbering some 8,000 accounts for this triumph of rational medicine and good public policy. It causes us to lament our weakness in 1898 and 1899 when these persons obtained recognition in Illinois. With our present strength and organization such a thing would not be possible.

Albany, Jan. 29.—The Brackett Osteopathy (bone cure) bill is dead. Its fate was decided at this afternoon's hearing before the Committee on Judiciary of both Senate and Assembly and at the executive session, held directly afterward, the measure was dropped.

The hearing, which had a heavy attendance, was addressed by such prominent men as Dr. Abraham Jacobi, of New York, and Dr. Albert Vanderveer, of Albany, against the bill, and Samuel S. Watson and others in favor of it.

Bishop Doane was the only person not a physician or surgeon who spoke against the measure.

During the hearing a wrangle ensued as to Senator Platt's attitude, the champion of the bill declaring that the Senator favored it, and the opponents, chiefly Dr. Arthur G. Root, maintaining that he did not.

HYPERPLASTIC TUBERCULOSIS OF THE INTESTINES.

The effect of the bacillus of tuberculosis upon the tissues may be varied. Although it provokes an inflammation which is usually specific by reason of certain characteristics that are fairly constant, at times it may so differ, that its tuberculous nature is determined with some difficulty.

A considerable amount of experimentation was necessary and many articles enriched the literature before the fact became evident that the bacillus of tuberculosis alone and its toxins were capable of producing the so-called caseous or cheesy pneumonia which is so prominent a feature of acute phthisis. In this process the tuberculosis is peculiar in the amount of exudation that occurs from the blood vessels; serum and cells escape abundantly and fibrin fills the alveoli. In other examples of tuberculosis the chief effect or end of the process is destruction of tissue; tuberculosis of the bones and joints furnishes many illustrations, as well as tuberculosis of the lungs with cavity formation.

The forms of tuberculosis of the body in which destructive changes predominate are numerous and well known. The more purely exudative inflammation due to tuberculosis is less frequent and, except in the lungs, is rare; here it occurs as a rule, accompanied by destruction of tissue and proliferation of tissue. When the last named effect—proliferation of tissue—occurs as a consequence of tuberculosis, and alone, without the exudative and destructive changes that commonly attend and predominate, then trouble for the clinician

arises. Instances are seen in the occasional cases of generalized tuberculosis of the lymph glands associated with hyperplasia that are mistaken for tumor and passed as examples of Hodgkin's disease. A similar process occurs in the peritoneum—tuberculosis with hyperplasia, and the rolled up or shortened and greatly thickened great omentum may lead to a diagnosis of tumor of the stomach or pancreas. Cases of fibroid phthisis are met with by country and city practitioners and usually considerable difficulty experienced in determining their tuberculous nature. Often post mortem examinations are necessary. Hyperplasia of tissue, a productive process, characterizes this variety of tuberculosis of the lungs. A similar form of tuberculosis associated with tissue production takes place at times in the pleura or pericardium and on account of the shrinkage and deformities produced in the viscera and mediastinal tissues and the disturbances of normal relationship, diagnosis is rendered difficult and the physical examination interesting. Hyperplastic tuberculosis of the spleen may lead to an excessively large spleen and if the blood has not been previously examined it is speedily done when the splenic enlargement is found, to ascertain if it is not leukaemic in origin.

Hyperplastic tuberculosis is often associated with extreme chronicity. The difficulty for the dermatologist is in differentiating it from carcinoma and the same perplexity awaits the laryngologist. For a number of years this variety of tuberculosis has been noted in the intestinal canal by different observers and here as in some other sites the hyperplastic tuberculosis has been diagnosed as tumor. Less than one hundred cases have been reported all told; but it predominates in the ileo-caecal region

and probably many of the reported cases of successful removal of carcinoma of this region undiagnosed by microscopic examination and not followed by recurrence were instances of hyperplastic tuberculosis and not of tumor..

It is remarkable that most of the knowledge pertaining to this form of caecal disease has come from examination of specimens removed by surgeons rather than from post mortem examinations. Conrath,* in 1898, collected eighty-five cases that had been treated surgically. In this country five cases have been reported and four of these were by Chicago physicians. The best summaries of the entire matter, in English are contained in the article by Crowder *Am. Journ. Med. Sc.*, 1900, CXIX, p. 668, and the recent article by Lartigau, *Journal of Experimental Medicine*, 1901, VI, p. 23. The case reported by Lartigau is different from the majority of observations of hyperplastic tuberculosis of the intestine in the extent of the bowel involved, the absence of surgical intervention, and the development of Addison's disease associated with tuberculosis of the adrenals. The thickening of the intestine began in the upper part of the ileum and gradually increased to the caecum where the wall measured 2.7 cm. in thickness; from here it diminished to disappear completely in the sigmoid. There was formed a non-collapsible, cylindrical tube and as is the rule, the lining was beset with small papillomatous or polypous growths. There was no peritonitis present nor were there ulcers in Lartigau's case. Usually some adhesions occur to the adjacent structures and generally ulcers may be found although often hidden by the clubbed polypoid growths. The channel is always les-

ened by this disease, since the hyperplasia occurs mainly in the submucous coat and often multiple strictures have been recorded.

The earliest symptoms of hyperplastic tuberculosis of the caecum and small intestine are abdominal pain of a colicky character, tenderness on the right side, dyspepsia, and vomiting; later diarrhea alternates with constipation. These abdominal symptoms increase, the patient loses weight and strength and slowly a clinical picture of chronic intestinal obstruction appears and as before stated, the diagnosis of tumor of the bowel is generally made.

The treatment is entirely surgical and in the case collected by Conrath there was a mortality of 16.7 per cent. Often the process is so localized that successful removal is entirely feasible and recovery has been known to follow laparotomy alone, in this respect resembling peritoneal tuberculosis.

It is very obvious that this is a distinct disease, so new and rarely encountered that very little mention is made of it even in the best text books and by what has so frequently happened in connection with other diseases, we can reasonably expect that the increasing number of observations from year to year will in time lead to its more general recognition and to greater caution in the diagnosis of carcinoma of the bowel, especially of the colon.

COOK COUNTY CLINICAL SCHOOL.

Among the new institutions incorporated by the Secretary of State at Springfield this last month will be noticed the Cook County Clinical School and the incorporators are those noted scientists (and politicians) Daniel D. Healy, John J. Hanberg and William McLaren. Without knowing

*Beitrag zur Klin. Chir., 1898, XXI, 1, p. 1.

the true meaning of this new scientific fountain we can not refrain from wondering whether the recent orders of the warden of the Cook County Hospital forbidding bedside instruction and gynecologic clinics did not have a large African concealed in them. If so the entire profession will be interested in the modes of teaching pursued in the new school.

THE ILLINOIS STATE MEDICAL SOCIETY AND ITS RELATIONS TO THE MEDICO POLITICAL AFFAIRS OF THE STATE.

A Statement From The Executive Committee of The Judicial Council.

At the annual meeting of the Illinois State Medical Society held in Springfield in May, 1900, the Judicial Council was instructed to represent the society in an effort to secure for the ten thousand invalid and unfortunate inmates of charitable institutions the best professional attendants. For a number of years there has been a feeling among many members of the profession that these institutions were considered parts of a political machine, and it was currently reported that the salaries paid officials and servants were assessed for political purposes. There was wide spread dissatisfaction on the part of the profession, leading to distrust of some of the institutions and their officers. Many able physicians who are also wide awake to the demands of political policy, considered the political effect of this sort of management directly the reverse of that intended, and that it was largely responsible for the defeat of some of those originating it. Under these circumstances, the society had reason to believe that any step which would enable the executive to avoid the errors of his predecessors would be appreciated. In this effort the society we believe represent the people in a very practical manner, since there are probably few households in the state not interested in the institutions, by reason of having a relative or friend an inmate of some one of them.

The Council has been at great pains to

try to discover some common ground on which the representatives of our profession, and the Governor, can act regarding our mutual interests. Such efforts are frequently sadly handicapped by thoughtless and unjust criticisms by physicians unfamiliar with the difficulties involved. A late Governor very justly criticised us for subjecting him to criticism on account of his appointments, while we did nothing to suggest to him our wishes. It was on account of this very well made point that the State Society undertook to offer its services to the executive in ascertaining the merits of the appointees for our state institutions.

The council was very kindly received on several occasions by Governor Yates, and matters of mutual interest to the executive and profession were freely discussed. The Governor showed his confidence in our profession by immediately acceding to several important requests made by the Council.

Few in our profession seem to have considered to what extent politics and medicine are divergent in their methods. Politics, in its broadest sense, is a profession containing many honest, honorable and energetic minds. The politician, to obtain his ends, must secure the advancement of either himself or some other individual, and for this reason appears to be purely selfish.

The same politician, fully established in his position, has great power for good. Be it said to the credit of hundreds of our politicians they are every day using every effort for the best interest of society, and often to the neglect of personal advantage. These same men, after death, will be enumerated as our statesmen. They are hampered by a great crowd of hangers-on: out for personal aggrandisement, and willing to sacrifice everything to that end.

Unfortunately our own profession is not free from such human hyenas. The general reputation of politicians, as well as physicians, is lowered, just in proportion to the number of these greedy heelers. It is this class, and not the true and honorable workers, that bring politics into disrepute. It is all right to say theoretically

that the place should seek the man. As a matter of every day experience, men succeed according to their aspirations, and it is right that this should be so. It is a question whether the man who has not enough interest to seek the place would fill it as well as the one whose effort presupposes an aim at effectiveness.

This is as true in medicine as in politics. Some one has aptly said that "a statesman is a successful politician who is dead." A successful medical man is one who has made the best of his opportunities. The point we wish to make is that politicians have desires and ambitions which are honorable, and we should give them due credit. We should honor them for what they have done and are doing, that is creditable, for our state and nation. We should not confound upright, honest and honorable politicians with heelers and hangers-on.

We as medical men should first of all be just in our criticisms. It is foolish to jump to the conclusion that because the Governor does not think as we do that he is dishonest, or is lacking in appreciation of our profession. We should put aside personal animosities and try to be fair. Try to look at the matter from his point of view as well as our own. Much of the criticism of politicians heard from medical men is unfair and unjust. It is not such as should be made by members of our assumedly judicial profession. At the same time there is among politicians a certain sort of criticism of the medical profession which is unfair. One would think to hear them, sometimes, that the study and practice of medicine unfitted a man for the consideration of the ordinary practical questions of life. It is only fair that politicians be made to understand that, regarding some of our state institutions, none so well as the medical profession appreciate their needs, and the kind of talent which should control them. A thoroughly competent man will be of far greater value politically to a government and to a party, than appointments made merely to reward petty political services.

Any administration will bring credit to itself by consulting honorable and intelligent medical men, and accepting their advice. We should promptly acknowledge that in several important matters the present governor has accepted the suggestions of the Judicial Council. We should be alike free to say, without discreditable reflection, that we deeply regret that in several equally important instances he has taken a different view from that expressed by the Council. We have reason to believe that in one or more instances, he has reason to regret that he did not accept such suggestions, but this should not give us liberty to impugn his motives.

We should remember that a view through the glasses of the politician, must present a different picture from that through the glasses of the medical men. We should be ready to acknowledge that possibly each picture contains truth: that neither probably contains the whole truth, but that both are required to make it complete.

There seems to be an unfortunate tendency in our profession to decry every doctor (and in fact many who are not doctors), who enter the arena of politics. We are apt to overlook the fact that many of the most prominent members of our profession in other countries are important factors in politics, and belong to the parliaments and councils of their countries. This should be true in America as well as abroad. Let us criticise fairly, honestly, and without malice. Is there any reason why we should not be able to consider in this spirit and give the credit for every act which is commendable?

Let us as a profession strive to practically interest ourselves in those things which most interest our politicians and are necessary for the common good. At the same time let us make every effort to interest and instruct our politicians in those things which we, as a profession, consider most important.

We have their personal confidence, as physicians, why should we not enjoy their

Should we not as a profession be more active in political matters? Would it not be well for physicians to make it a part of their duty to attend all political gatherings, and become acquainted with the politicians and their way of doing business? If physicians interest themselves more directly in these matters, will it not tend to a better understanding all along the line, and in the end accomplish far more for ourselves and our state, than to stand aside and pose as mere critics?

The relation which physicians should bear to the state and local administration, and to politics generally, is a subject ripe for discussion. We trust that the members of the society will make free use of the columns of the Journal for its thorough consideration. The Council needs suggestions, and will gladly consider any plans which will lead to the improvement of our state institutions.

E. P. Cook,
O. B. Will,
C. E. Black,
J. F. Percy,

Executive Committee of Judicial Council.

Correspondence.

OPTIC NEURITIS OR CHOKED DISC.

Dec. 5th, 1901.

To the Editor,
of the Illinois Medical Journal.
Dear Sir:

I notice in the November issue of the Journal, a letter from Dr. R. C. Matheny, in which he criticises rather warmly, the remarks I made in the discussion of the paper of Dr. J. F. Percy, of Galesburg, on Glioma of the Brain, read at the last meeting of the State Society. He seems to object strongly to my statement that it is not necessary to make any distinction between optic neuritis and choked disc as signs in brain tumor. I also stated that these conditions are identical, meaning, of course, by this word, that they are pathologically identical, and I made the further

professional confidence as politicians? statement that choked disc is nothing more nor less than an exaggerated form of neuritis. In choked disc we have inflammation and swelling of the head of the optic nerves, differing from a slight case of optic neuritis only in the degree of swelling. Dr. Matheny states that he purposely made a distinction between choked disc and simple optic neuritis in the case he examined for Dr. Percy, and further on in his letter one can not help drawing the inference that he regards these as two separate conditions, for he seems to be so much displeased at my statement that the difference is not a pathological one and only one of degree of the swelling. To be exact, the term choked disc should be discarded from our nomenclature, and papillitis should be used as a term to indicate inflammation of the head of the optic nerve. Choked disc was a term introduced by Mr. Clifford Albutt and is a translation of the German word, Stauungspapille, a term which is used to describe those cases of optic neuritis, or more accurately speaking, papillitis, in which the head of the optic nerve is very greatly swollen. Most ophthalmologists, however, are agreed that papillitis of a degree sufficient to produce the appearance ordinarily described by choked disc or Stauungspapille is pathologically the same as a slight inflammation of the head of the optic nerve, which might be spoken of as a slight optic neuritis. In all of these cases, whether of slight or severe degree, there is a true inflammation of the head of the optic nerve. The disc is more or less swollen, the vessels are more or less engorged, there is a greater or less infiltration of the structure with leucocytes while the presence of granular cells and many free nuclei indicate the general destruction of the myelin and the rapid proliferation of the connective tissue. It is not probable, therefore, that there is anything more than a clinical distinction between the milder grades of optic neuritis, resulting from a descending inflammation, and the more intense variety, to which has been applied the term, choked disc. The

histological features are the same, and as I said in my remarks, there is only a difference in degree, which is a clinical difference. Possibly I should have qualified my statement, that these conditions are identical, by saying that they are pathologically identical.

Very truly yours,
Wm. H. Wilder.

State Items.

PROFESSIONAL COURT ITEMS.

Guy W. O. Mitchner.

Last week L. V. Hill, our alert and persistent State's Attorney, happened to get hold of a paper published at Jonesboro, Arkansas, and to his surprise and delight his eyes fell upon a picture of the classic phiz of the "Eminent Specialist," G. W. O. Mitchner, against whom two indictments were found by the grand jury last November and who forfeited his bond at the January term of the circuit court.

The Arkansas paper contained a large flaming advertisement of "The London Doctors" with a picture of the "Chief Consulting Physician." Dr. Mitchner's name did not appear in the advertisement, but there was his robust face peering at Hill from a bouquet of chronic diseases, with hemorrhoids to the right of him, eczema to the left of him, catarrh above him and the whole surrounded with a halo of nasty names which we cannot publish without running the risk of having this copy of the News excluded from the mails.

Mr. Hill lost no time in securing the necessary papers to have the doctor brought back to the jurisdiction of this court. He left for Springfield last Thursday and obtained a requisition of Governor Yates and then in company with Sheriff Casseday took the first train for Arkansas. After the Governor of Arkansas had honored the requisition they went to Jonesboro where they found their man. He was stopping at a swell hotel where he had a suite of rooms furnished luxuriantly and seemed to be doing a thriving business as "Chief Consulting Physician" for the "London Doctors." Of course the doctor was surprised and shocked when he recognized his visitors and was disposed to be ugly and refuse to accompany them. The stalwart sheriff of that county exhibited a pair of handcuffs, however, and the doctor weakened and promised to give the officers no trouble. They took the first north-bound train and Sunday morning Dr. Mitchner was landed here and placed in jail with a lot of plebeian and low-browed malefactors!

The circumstances which led to the indictments against Doctor Mitchner have already been detailed in these columns and it is unnecessary to repeat them. Those who fell vic-

tims to the doctor's seductive blandishments are, some of them, men of more than ordinary intelligence and are entitled to no sympathy, but this does not excuse the doctor for his alleged crookedness. It is supposed that he is endowed with some occult, mesmeric power, for as soon as he gets his piercing eye on a man, that man is his meat, and immediately displays an insane desire to sign a note! The doctor's enemies insist that he is the most brazen and unscrupulous medical mountebank that ever preyed upon a guileless public, but all these violent charges must be taken with a great deal of allowance. He is strikingly handsome. His style of beauty is a cross between the entrancing loveliness of a prize Poland China and the charming picturesqueness of a premium Polled Angus, and neither man nor woman is safe in his presence.

The doctor is cheerful and good-natured, and regards his imprisonment as a good joke and a great advertising scheme. He mingles with the common herd of alleged malefactors in the county jail freely and it is suspected that he has by this time secured a note from every mother's son of them, for "medical treatment," which he will sell to some Hillsboro broker as soon as he gets out!

Tuesday, Dr. Mitchner was taken before Esq. Grassell to have his preliminary hearing on a charge of forgery. In the course of his "practice" while here he treated Niel McLean, a prominent farmer living in East Fork township. He prevailed upon Mr. McLean to give him his note for \$60.00 which was to draw interest "after maturity." McLean soon became suspicious of the doctor and quit taking treatment and asked for his note. The doctor had "mis-laid" the note but promised to produce it. After Mitchner left, the note turned up in the hands of an innocent party, but it had been changed and made to draw interest "from date." The changing of a note or written contract after it has been executed, without the consent of the maker, is forgery in this state and it was for this alleged forgery that the doctor had a preliminary examination Tuesday. He was represented by Judge Amos Miller. He took a change of venue from Esq. Grassell and the case was sent to Esq. John T. Maddux. The examination was held in the court house in the presence of a good-sized audience. State's Attorney Hill proved that the note, as it was originally drawn, did not bear interest until "after maturity." He proved by the purchaser that when delivered to him by Dr. Mitchner it bore interest "from date." Dr. Mitchner did not testify and Esq. Maddux decided that the state did not make out a case. Possibly some designing person got into Dr. Mitchner's office while he was out and altered the note!

The bail required to secure Dr. Mitchner's release in the two indictments against him is \$1,000. In one case he has already been defaulted, having put up \$500 with his security to indemnify him. The doctor thought that the payment of this \$500 settled that case, but he has another think coming. It did not settle it. The \$500 will be paid to the school fund and this case will be tried in April just the same as if he had never put up a cent.

Since Guy W. O. Mitchner has been placed in jail here it seems that his troubles have only begun. Most every mail brings to States Attorney Hill or Sheriff Cassidy letters of inquiry about the "celebrated specialist."

From Southern Illinois to Chicago his name has become a household word. Such a reputation, be it good or bad, has seldom been acquired by any man in so short a time.

The doctor is resting comfortable in the Hotel de Cassidy, rigged out in a 25 cent undershirt and a pair of 50 cent overalls, and few people who knew him in his balmy day of silk hat and Prince Albert coat would now recognize him. When first placed in durance vile, his delicate stomach would not stand the plain but bounteous prison fare; it was below his artistic taste, but gradually he has become used to his feed and he is now as anxious for meal time as any prisoner in the jail. He seems to be trying to make the best of the situation, which his own "smartness" has at last landed him. The doctor must have been laboring under a great deal of excitement when arrested in Jonesboro, as he says over and over again that the sheriff at Jonesboro was at least seven feet tall.

On Monday Bert Weller, of East Fork township, called at the court house and informed the deputy sheriff that he had a little case against the doctor. He stated that some time ago he made a contract with the doctor to treat his wife, and that the contract was that if a cure was effected he was to pay Mitchner \$48.00, but if Mitchner failed to effect a cure he was only to be paid for the medicine used. Mitchner gave him a small vial of medicine and a few tablets. Mitchner then left these parts and Mr. Weller thought no more about it until he received a letter from the bank at Irving informing him that they held for collection a note against him for \$49.12. Mr. Weller stated that he never signed any note, only a contract which he signed with a fountain pen, while the note held by the bank looks as if it might have been signed with a lead pencil. This is only a sample of the many complaints being lodged against the "eminent specialist."

Sheriff Cassidy has now in his hands a warrant for the arrest of the doctor issued by the city court of Mattoon on a similar charge and his person is wanted before that court at the March term, which convenes in Mattoon on the 17th of that month.

From the Mattoon Star we clip the following article which relates to another case.

"An echo of the missing 'World's Famous Specialist,' Dr. Guy Mitchner, who fleeced patients throughout Illinois and is now a fugitive from justice, came up in Squire McFadden's court Wednesday morning.

"While Mitchner visited Mattoon, he contracted to treat Israel Harper, on East Broadway. Harper gave the quack a note for \$72, with certain provisions as to treatment. Mitchner discounted the note at the First National bank. When he got into trouble he failed to return and complete his treatment. Harper refused to pay the note and the bank sued him.

"Squire McFadden held that Mitchner had obtained the note by fraud and circumvention and

decided in Harper's favor. The case will be appealed."

States Attorney Hill received this week from Arcola, Ill., the following letter, which speaks for itself:

Arcola, Ill., Feb. 18, 1902.

States Attorney, Hillsboro, Ill.:

Dear Sir—I understand that you have in custody Doctor Guy W. O. Mitchner. I have a similar charge against him for obtaining \$90 from me, and if you want any help to prosecute him let me know by return mail. I know of others that he has received money of under false pretenses from.

Mitchner is a bad man and we are wanting to get him over here. Let me hear from you.

Yours respectfully,

J. M. LETT, Arcola, Ill.

P. S.—Let me know when court sets there. Enclosed please find stamps for reply.

On Tuesday Postmaster Boyd received a letter in regard to the whereabouts of the doctor, and the gentleman who wrote it seems to be very anxious to find Mitchner. We publish the letter in full:

LeRoy, Ill., Feb. 17, 1902.

Postmaster:

Will you please tell me of the whereabouts of one Dr. Mitchner, a specialist. He done some very slick work near here, and I want to find the gentleman if he is loose within the borders of this state, or any other adjoining state. Put me on his track and I will pay you for pour trouble, and make it interesting for him in a legal way. The editor of the Tuscola Journal informs me that he was indicted for forgery in your city; if so, is he behind the bars, or did he get away? Tell me and oblige an ex-P. M. and an old newspaper man.

Yours,

LeRoy Free Press. JOHN S. HARPER.

Thus it will be seen that the doctor is in a peck of trouble. We hope that this case will be a warning to the people of this county and that they will not be in a hurry after this to bite at every bait that is set before them.

From Montgomery News, Feb. 14 and 21.

L. R. May, and H. G. Bacon and Others.

A small book might be written concerning the transactions of L. R. May, but pending further developments the following item from the Decatur Review is given:

"Some of the notes given by Macon county farmers to traveling doctors are beginning to show up in Decatur, where they have been offered for sale at a discount. A few days ago The Review printed a telegram from Jerseyville which stated that many farmers in that locality had been victimized by traveling doctors who agreed to send medicine by mail or express, guaranteed to cure, and took notes in payment, the notes not to be paid unless the cure was effected; that the notes were showing up as they became due and that they had no refunding clause; that the farmers claimed that the medicines were worthless.

"The Review a few days before had printed an item to the effect that a Dr. L. R. May had been

indicted by the Sangamon county grand jury for some such practice.

"It now appears that some of the farmers in Macon county have been up against the Jerseyville game good and strong. Also, that Dr. L. R. May secured a number of victims. The notes given to Dr. May are being presented to money lenders in Decatur and offered for sale, as are also notes given to another traveling doctor. These latter notes are made out to H. G. Bacon, but he does not sign himself as a physician.

"The notes are not offered for sale by the men to whom they are made payable. They are made payable to 'Dr. L. R. May or order,' some of them being to 'H. G. Bacon or order,' and while they are endorsed by May or Bacon, they are being negotiated by another party.

"One Decatur money lender said this morning:

"I have had a number of these notes presented to me. They are plain promissory notes, with no refunding clause. They were mostly on good people and I bought two. One man kicked and said that the medicine had not done him any good and refused to pay. I told him to consult a lawyer and a good one, for I was an innocent purchaser and would bring suit for the money. He finally paid. I had to sue another one and that case is still pending.

"These doctors seem to have caught a great many of the good people about Boody, Blue Mound, Harristown and Maroa, some in the vicinity of Decatur, and one man that I know of right here in the city. The notes offered to me were from \$10 to \$20, and they aggregated at least \$500. They were made payable in from sixty days to six months, with interest at 7 per cent. Some of the notes have come due. The men who act as agents for these doctors in negotiating the sale of the notes offer big inducements to purchasers. For instance, a note for \$60 was offered me for \$40, and others in proportion."

Mabel A. Jackman, of Chicago.

Through efforts of detectives, a man and a woman, evidence was presented to Justice O'Donoghue yesterday which convicted Dr. Mabel A. Jackman of having violated the law in illegally practicing medicines. Dr. Jackman was fined \$100. She lives at 825 North Clark street, where she conducts the Douglas Science Institute. The State Board of Health, it is said, has been watching Dr. Jackman and her institute for some time in the hope of procuring evidence against her.

James B. Agnew, of Chicago.

While waiting to testify against Dr. James B. Agnew, who was charged with obtaining money under false pretenses, Detective Sergeant John Brown, of detective headquarters, was stricken with an attack of heart disease. He probably owes his life to the fact that a number of physicians, complaining witnesses in the Agnew case, were in court. Through their efforts he was revived sufficiently to be taken to his home at 235 Spaulding avenue. Despite his critical condition Brown refused to leave the Harrison Street station until Agnew was held to the grand jury.

In the case of Drs. Miller and Simpson, of Palmer, vs. Christian county, for full fee for attend-

ing smallpox patients, a compromise was made allowing plaintiffs \$10 per visit instead of \$2.50, as previously offered by the board of supervisors.

The Doctor in Civic Affairs.

An editorial in the Chicago Record-Herald of February 16 is worthy of the attention of our readers. It is in line with the recommendations of our Judicial Council:

"At its annual banquet on Friday night the 'D. D. Society,' an organization of doctors, dentists and druggists, grappled with a subject that ought to be more widely discussed.

"Incredible as it may seem, the topic under discussion was not how to remove the vermiform appendix without the use of the knife, nor was it how to put corner lots into a tooth cavity. The principal subject of the evening was 'The Doctor in Politics,' and its discussion turned upon the fitness of the doctor for positions of public trust and responsibility and his reprehensible lack of civic spirit and pride.

"The doctors were fittingly rebuked for their indifference to politics and civic affairs and were urged to take a more active interest in questions and movements that are related to the public welfare.

"The rebuke was timely and well deserved and merits wider publicity. As a matter of fact, the doctor is under a greater obligation to actively interest himself in matters pertaining to local government, public education and other civic service than almost any other citizen in his community. His obligation is greater because of his fitness for responsibility through education, high ideals of character and the close relationship he sustains to the families and homes of the community in which he lives. He cannot be a successful practitioner without some measure of scholarly attainment. A physician's knowledge is rarely confined to pathology and therapeutics. He has been in the college atmosphere. He has a taste for books and a desire to explore the wide fields of scientific investigation. He is generally a man of liberal culture and refined instincts. His profession also gives him wide knowledge of men.

"Such a man is needed in the responsible civic positions in every city and town. Public service of this character need not carry with it any loss of professional prestige or any sacrifice of personal interest. It is true that the doctors are drafted for school boards and other positions closely related to educational affairs in many towns, serving in such capacities with great credit to the profession and great profit to the schools. But the doctor is needed in larger fields of civic usefulness. It is an obligation he should not be permitted to escape."

Local Societies.

The Champaign County Medical Society met at the Julia F. Burnham hospital at 2:30 P. M. Feb. 13, 1902. The meeting was called to order by the president of the Society.

The members present were, Drs. Dodd, Craig,

Cushing, Matheney, Johnson, Dillon, Burres, Gray, Salisbury, Martin, Miner, White and Wall.

After the transaction of the usual business of the Society a paper was read by C. M. Craig on "otitis media purulenta," which was discussed by the members of the Society.

H. E. Cushing reported fifteen cases of abdominal operations.

A. S. WALL, Official Reporter.

The Jacksonville Medical Club met Feb. 22. E. F. Baker, chairman pro tem.

P. C. Thompson read a paper on **Chronic Endocarditis**, this being the third of a series of papers on heart disease. The reader laid special stress upon the statement that in some of the worst forms of valvular disease no murmur could be heard, and that a failure to detect a valvular murmur, where other symptoms coincide, is not sufficient to make us doubt a previous diagnosis of valvular disease with murmur, either by ourselves or others.

All present took part in the discussion.

W. K. McLaughlin reported in detail a fatal case of pneumonia, to which he had been called in consultation.

Meeting adjourned.

DAVID W. REID,
Official Reporter.

The Pike County Medical Society met Jan. 16, 1902, in Dr. Duffield's office according to program, with Vice-President Duffield in the chair, President Harvey being absent.

Secretary Main being absent, the chair appointed Dr. Crane, secretary, pro tem. Members present were: Drs. Duffield, Humpert, Shastid, Smith and Crane. Visitors: J. G. McKinney of Barry, and Chas. Jones Gose of Kinderhook, whose name was presented to the Society for membership.

Following the order of business R. O. Smith read a paper on "Some Diseases of the Rectum—Treatment."

Discussions followed by Drs. Shastid, Humpert and McKinney.

No other essayists being present the meeting adjourned.

F. MARION CRANE,
Secretary, pro tem.

The St. Clair County Medical Society had a most interesting meeting at the Priester's Park, on Thursday, January 8th.

The Society is an old organization, and has been kept alive through many changes in the profession of the county, mainly by the earnestness and perseverance of Julius Kohl, of Belleville.

The struggles of the pioneers in the trying days of the civil war, and at a later period also when local antagonisms seemed about to destroy the Society, were recalled by Dr. Kohl at the "social meeting."

H. C. Fairbrother, J. L. Wiggins, Dr. Irwin, Dr. Starkel and Dr. Lillie also made remarks suitable to the occasion.

All this was interesting, as such rambling talks generally are, but the feature of the occasion which will be longest remembered was the presence of the ladies of the Society; the wives, daughters, sisters and sweethearts of the members. This marked a new era in the history of the Society, and it is confidently predicted that in the future all the meetings of the Society shall be graced by the same pleasant companions.

A musical program was rendered in a highly creditable manner by the ladies and some musical members, and it is promised that this shall be a feature of future meetings.

Dinner was served by the park manager, and all present expressed themselves as having enjoyed the occasion, and hoping for the pleasure of meeting again.

From The St. Louis Clinique.

The Peoria City Medical Society held a regular meeting at the National Hotel, Tuesday, Feb. 18, 1902. M. S. Marcey read a paper on "The Treatment of Infective Diseases of the Uterus." The paper consisted of a compilation of the opinions of different men as to the best procedure after abortion, and the best remedy to use in case of infection. Dr. Marcey advocated the use of 2-3 per oxid of hydrogen with 1-3 sterilized water as being the best. On this point he was criticised by Dr. Green who cited two cases injured by the pressure of the gas forcing infection into the tubes, and causing Salpingitis and death in one case. S. M. and J. S. Miller also spoke against this method of treatment as did also Drs. Sutton, Roskoten, Roberts and others. Dr. Marcey deprecated the indiscriminate use of the curette in infective cases, and in this he was supported by the majority of those present. Dr. Collins thought the careful use of the dull curette was commendable. The discussion brought out the fact that the number of remedies used were about as many as the number of doctors present.

An amendment to the constitution was adopted for the purpose of allowing a smaller number of members to transact important business, as it was difficult to obtain a quorum often on account of so many members living in the country and not attending regularly.

Sherman E. Wright who formally practiced here, but who is now located at Ely, Minn., sent in his resignation, stating that he was permanently located in Ely and therefore could not attend any of the meetings in Peoria.

The next paper to be presented to the Society will be by John Sloan, and will treat of the mosquito and his ability to peddle the plasmodium of malaria.

E. M. ECKARD,
Official Reporter.

The Jo Daviess County Medical Society assembled in the parlors of the Warren Hotel, Warren, Illinois, Jan. 30, 1902.

At 2 P. M. the President H. F. Godfrey called the meeting to order and upon roll call the following responded: Drs. Stafford, Godfrey, Smith I. C. Hutton, Lewis, Smith D. G., Buck-

nam, Kellar, Phillips, Fowler, Czibulka, Kreider, Wright, Dr. Heustus, Dubuque, visiting member.

The preliminary work was gone through with and the question of all the **physicians uniting their dead-beat lists into one, in order to protect one another** from being imposed upon by such who have already beat other physicians. After considerable debating it was moved and carried that each member shall furnish the secretary with a list of names and addresses of those who are considered doubtful as well as the genuine dead-beat, and a complete list be printed and furnished to each physician.

A. C. Czibulka then read a paper on "**Diseases of Kidneys Complicating Pregnancy.**" This was an able paper and was fully discussed.

The Warren physicians had previously arranged with Prof Mack "the Hypnotist" to appear with a patient and exhibit the tests and show **what aid hypnotism can be to the physician.** All present were surprised and a vote of thanks was tendered the Professor and patient.

Next was the reporting and exhibiting of a case of **Ophthalmia Neonatorum**, which had undergone severe ulceration, but by careful nursing, applying of ice, nitrate of silver, and protargol, the eyes were saved.

At this hour the Warren physicians invited the Society to dinner, and all enjoyed the meal to its utmost extent.

At 6 P. M. the Society again reconvened and the subject for discussion "**Influenza,**" was opened by Dr. Kreider with a very good talk and a general discussion followed in which all participated. The different varieties and treatments of influenza were pointed out.

Elizabeth was chosen as the next place of meeting, and a vote of thanks tendered the Warren physicians for their entertainment.

Meeting adjourned.

D. G. SMITH, Official Reporter.

The Elgin Physicians' Club eliminated from their city what would have certainly proved an octopus to the profession had they not acted as promptly as they did in the matter.

The Kane County Red Cross Association started in Elgin on January 20th last, with colors flying, announcing to the public that by paying an initiation fee of \$1.50 per month, that the association would render each member medical aid, and that the member could call any physician he chose to treat him. This announcement was made without consulting the physicians, but on the following day we received a letter and circulars, by-laws, etc., which very kindly gave us permission to visit any Red Cross patient, but the conditions imposed were of such a humiliating character that we rebelled.

The association enjoined that we, as physicians, should first consult the members pass books to see if he or she was in good standing, then if the case was anything but medical in character, we should have to look to the patient for our fee, as surgical, obstetrical gynecological and special work were the exceptions in their list. We were to receive \$1.00 for each visit, but the original prescription in each case should

accompany the bill. We were advised by the Secretary (a physician), that if more than one call was necessary, that we should notify him and he "would call around and see the patient himself."

You can imagine what a chaotic condition would prevail here if such a state of things were allowed to exist. The physicians, however, acted very promptly, and in a signed statement to the public, announced simply that "our relations with our patients in the future would continue as they had in the past." The Red Cross Association is no more in Elgin.

At the last meeting of the Elgin Physicians' Club, Monday evening, February 3, 1902, Alex. Hugh Ferguson, of Chicago, was present by invitation, and described his operation for the radical cure of hernia. The doctor, by means of charts, illustrated the various operations devised, and, in conclusion, demonstrated his method, and claimed for it that in over 1,000 cases, there was not a recurrence.

The paper was well received and a vote of thanks tendered the doctor.

H. J. GAHAGAN,
Official Reporter.

The McLean County Medical Society was called to order February 6th, by the President, C. E. Chapin. The minutes of the preceding meeting were read and approved.

The Board of Censors reported favorably upon the application of J. E. Kunkler, of Bloomington, and he was duly elected to membership.

The secretary read a very interesting letter from Attorney Frank M. Field, of Cobourg, Ont., describing his own personal case of **heart being on the right side.** His letter was written because of the writer seeing the account of a similar case reported in the daily papers, as discovered by the U. S. Pension Board of Examiners. The case referred to being Geo. M. Hurst of Lexington, Ill.

W. E. Guthrie reported a case of an **abnormal development of the lower outlet of pelvis** in a girl baby. Also showed a small hard fecal concretion removed in a recent case of appendicitis.

The Society resolved by motion to hold the annual banquet at the time of the April meeting. A committee of three was appointed to make arrangements to report at March meeting. The committee on banquet consists of, J. L. Yolton, E. S. Reedy and C. M. Noble.

The name of E. P. Sloan of Danvers, Ill., was proposed for membership and referred to the Board of Censors.

The following committee was appointed on resolutions to the memory of H. Parkhurst, of Danvers, E. Mammen, A. L. Fox and J. Y. Bonnett.

Mr. Harry Williams representing the Business Men's Association presented the matter of a rating agency.

Jehu Little read a paper on the subject of "**Biology in the practice of Medicine and Surgery.**" The paper took the subject up and considered it rather on the popular order than technically.

Members present: J. Little, C. E. Chapin, J. W. Smith, R. Galloway Yolton, J. L. Yolton, D. H. Nusbaum, F. H. Godfrey, W. E. Guthrie, E. S. Reedy, E. G. Covington, G. D. Elder, Horace Elder, J. K. P. Hawks, A. L. Fox, J. Y. Bonnett, F. C. Vandervort.

Secretary Vandervort gave notice that at the next meeting he would offer an amendment to the fee-bill, to the effect that for night calls in the city, the rate be fixed at \$3.00.

F. C. VANDERVORT,
Official Reporter.

The Chicago Medical Society has held meetings during the month as follows:

February 5th—Program.

1. The High Retraction Ring as a Contraindication to Version. R. W. Ho'mes
2. Exophthalmic Goiter. E. F. Wells

The meeting of February 12th was held at Mercy Hospital where addresses were made by J. B. Deaver, Philadelphia, and N. S. Davis, of Chicago, and Dr. Deaver held a public clinic and performed the first operations in the new amphitheater. He operated for appendicitis and gall stones, about 600 spectators witnessing his work.

February 19—Program.

1. Goiter in Its Relation to Puberty and Pregnancy. Wm. Cuthbertson
2. Defects of Speech. W. L. Ballenger
3. The Treatment of the Umbilical Cord. C. S. Bacon
4. Notes on Pessary Therapy. G. Kolischer

February 26—Program.

1. The Paraffin Injection Treatment of "Gersuny," with a Report and Presentation of Cases. R. M. Parker
2. Report of Cases Treated by X-Rays, with Stereopticon and Clinical Demonstration. W. A. Pusey
3. Corrosion Anatomy of the Middle Ear, with Lantern Slides. J. Holinger
4. Report of a Case of Anesthesia of the Middle Division of the Fifth Cranial Nerve. H. N. Moyer

The Membership Committee reported during the month on the following applications: Drs. C. MacLellan, Frank Byrnes, John T. Mannierre, John Klein, James Campbell, W. C. Bridge, H. B. Williams, A. E. Price, J. F. Campbell, H. A. Ware, H. A. Haskell, E. S. Seufert, Milton H. Mack, Ralph Daniels, E. H. E. Ehrman and R. H. Herbst.

The Chicago Medical Examiners Association (section of the Chicago Medical Society) held a joint meeting with the parent Society on Jan. 15, 1902. The chief interest of the evening, centered on a paper entitled "The Proper Scope of Inquiry in Life Insurance Examinations" by Chas. Lymon Greene of St. Paul, Minn. A. C. Cotton of Chicago also read a paper on "The Environment of the Medical Examiner." Both papers were discussed by W. E. Casselberry, J. M. Dodson, W. A. Evans, G. W., Webster and others.

The annual election of officers resulted as follows: President, A. C. Cotton; Vice-President, W. E. Casselberry; Treasurer, C. P. Stringfield; Secretary, David J. Doherty. The Association numbers 80 members.

DAVID J. DOHERTY,
Official Reporter.

The Physicians' Club of Chicago held a regular meeting at the Wellington Hotel, Monday, February 24, 1902.

Moreau R. Brown, acted as chairman.

The program considered the subject of "Spurious Healers: The Complexion Specialist, Dowie, The Oculist, The Osteopath, the Christian Scientist, et id omne genus. How can the Profession and the Public be Better Protected?"

1. By Legal Measures... Warwick A. Shaw, Esq Attorney for the Illinois State Board of Health.
2. By the Education of the Public.....
3. The Responsibility of the Press.....

General Discussion.

L. HARRISON METTLER,
Official Reporter.

The Southwestern Medical Society of Chicago held its 17th regular meeting, Tuesday evening, Feb. 11, 1902, at the Grace Cafe, 540 and 542 W. 63d street.

The meeting was called to order by Vice-President Hagey, Dr. Miller being absent.

Diabetes Mellitus was the subject of the paper read by C. F. Weir.

S. L. Freiduss, considered the treatment. In the general discussion, Dr. Hunt reported two cases.

Dr. Avery spoke of some of the interesting findings in the eyes of diabetics.

Dr. Dunham reported a case of Diabetic Gangrene of the hand, recovery following amputation.

There was an attendance of 24 physicians, and some new names were read for membership.

THOS. C. M'GONAGLE,
Official Reporter.

The East St. Louis Medical Society met on Monday evening, January 20th, President H. C. Fairbrother in the chair and Drs. Lillie, McLean, Corr, Hansen, Wiggins, Dwyer, Rendleman, Housh, Grimes, Wyatt, E. H. and H. Little and Harry Smith.

The report of the treasurer, W. H. McLean showed a deficit in the treasury, due to overdrafts. A list of those members who were delinquent on dues was read. On motion the report of the treasurer was accepted.

John A. Grimes was proposed by Dr. Lillie for membership. On motion of Dr. Wiggins the rule was suspended and he was elected by acclamation.

The annual election of officers was then held and resulted as follows: President, J. W. Rendleman; Vice-President, C. W. Lillie; Secretary, W. S. Wyatt; Treasurer, W. H. McLean.

A case of **tetanus** was reported by Dr. Dwyer. The point of invasion was a slight wound of the palm by the explosion of a blank cartridge. The first symptoms appeared on the sixth day, a stiffness of the jaws with some soreness being the first sign. The following morning there was general muscular rigidity. At this time full adult doses of antitetanic serum were injected, though the patient was a boy of thirteen, with no apparent benefit. In addition to the serum, chloral and bromide of potassium, were given. No improvement but a progressive increase in the symptoms until death occurred, two and one-half days after the appearance of the first symptoms. The boy died in great agony, there being powerful tonic spasms of the muscles.

Dr. Housh reported a case of tetanus of forty days' duration, in which nine full doses of serum were injected at intervals of sixteen hours, with no apparent change in the symptoms. The case passed into delirium and after leaving the hospital became insane and was sent to an asylum.

Dr. McLean reported a case of "idiopathic" tetanus, which recovered. In this case there were no convulsions, lockjaw being the only symptom.

Dr. Lilie took exception to the term "idiopathic" tetanus because it is inconsistent with the clearly established germ theory of this disease.

Dr. Wiggins referred to a case of tetanus in an infant and in the father of the same child. Apomorphine hypodermatically "cured" the father.

Dr. Wyatt reported an instructive case of **gun shot injury**. The ball entered anteriorly between the ninth and tenth ribs, was apparently deflected downwards by striking the ninth rib and was lost. No attempt was made to locate the ball, a moist dressing was applied, and the external wound healed rapidly. After a few days blood and pus appeared in the urine, but this disappeared in a short time, and the patient was discharged in about three weeks from the time the injury was received.

Dr. Fairbrother thought the case reported by Dr. Wyatt a very instructive one. He had also treated a case of this kind resulting also in recovery. A very profitable study might be made of these cases. The question of infection is always to be considered. How can it be prevented. This subject should be taken up systematically.

The papers for the next meeting are on "typhoid fever" by Dr. McLean, and "forms of wound infection" by Dr. Fairbrother.

The East St. Louis Medical Society met Feb. 3d with President Rendleman in the chair.

The important feature of the evening was a very excellent paper on "**Typhoid Fever**," by W. H. McLean.

Discussion by members was very free and some very good suggestions were made. Fairbrother called attention to the simulation of typhoid fever by other diseases, especially by what he terms "grippe catarrh of the intestines," when grippe is epidemic; "pus-tubes;" and

"malaria." He also says it is quite possible to mistake these diseases for typhoid.

Hanson has never seen a typical case of typhoid fever in this city; does not doubt that there is true typhoid, but is disposed to believe many cases are called typhoid which are only malarial fever. Cited cases in his own practice where symptoms were all typhoid, but where hypodermatic injections of hydrochlorate of quinine effected a cure.

Wyatt, W. E., had found trouble in deciding between malaria and typhoid. Had seen severe pyralism follow Woodbridge "treatment." Never saw a hemorrhage in typhoid fever in which calomel had not been given.

E. H. Little had found but little difficulty in diagnosing typhoid fever. In the city hospital daily Widal tests were made until the diagnosis was clear.

Homer Little thought there was no set rule for diagnosis; the safest is the Widal; the diazo-reaction not so reliable.

Dr. Benson had seen many cases of typhoid and could diagnose by the facies. In treatment believes in digitalis and aconite and dilute hydrochloric acid, with strychnine and general supportive treatment. Believes the rose spots always appear in typhoid fever.

Dr. State believes that the Widal is the only positive test in some cases. Had not found rose spots in all cases.

Harvey Smith alluded to a case where rose spots literally covered trunk and limbs. He has used quinine and coal-tar antipyretics with benefit in one case where even ice water failed to control temperature.

Dr. Housh thought the most important indication after diagnosis is the treatment of the complications. Alcohol and strychnia to support the strength and cool sponging to control the fever. Believes coal-tar antipyretics are used in all large hospitals.

Rendleman considers the diet the most important factor in the treatment of typhoid fever. Strength must be supported.

Harry Smith has seen some cases with tympanites and diarrhoea and but little fever. Has recently seen a case with five reapses, all typical.

Carr presented a young man who in childhood had hydrothorax, and in manhood phyothorax, and called particular attention to the broad, flat ungual phalanges, a condition frequently associated with that form of pulmonary disease.

Pulmonary oedema presents dyspnoea, cough, expectoration, crepitation and a modified percussion note which might mislead. I have recently seen such symptoms in a child twelve years of age, due to a very grave mitral leak. In such a case we note the absence of marked fever and note the very frothy nature of the sputum, the cyanotic hue, and the general distribution of rales. Pulmonary oedema is generally due to organic disease of the heart, liver or the kidneys.

Hemorrhage into the texture of the lung, (pulmonary apoplexy) presents symptoms and physical signs of pneumonia. There is dys-

pnoea, pain, dullness, and bronchial respiration and rales, but the pain is of a different character, is most severe at the beginning of the trouble, after which it gradually subsides, whereas, in pneumonia it gradually increases up to the height of the disease. There is little or no fever. The sputum does not have the blood intermingled with it, but there is present pure blood which may be seen for several days.

Pulmonary congestion presenting the symptoms and physical signs of pneumonia may be recognized by the stationary and persistent character of the physical signs, and the history of the case. It is encountered in the feeble. Often a grave organic heart disease is discovered. The physical signs are found on both sides. It is often the result of the pressure of tumors.

It is well at this time to open for discussion of the Society, the treatment of pneumonia, for we can't hold a coal of fire in our hands by thinking of the frosty mountains, and our patients care not so much for what we know as for what we do. There seems to be nothing new in the treatment of pneumonia during the past few years that has proved itself and accepted by the profession as "the treatment of pneumonia," venesection, veratrum, large doses of digitalis, have had their advocates, strychnia and alcohol enthusiasts are not so numerous as once. Poultices have long since had their day with the profession, and the favored cotton jacket has not universally established itself. Some observers claim favorable results from anti-pneumococcic serum and from the use of anti-diphtheritic serum. Dry cold to the chest in the form of an ice bag, and the internal administration of creosote are therapeutic means which are rapidly coming into universal favor of late, and the good results of the ice bag has been established beyond a doubt in the writer's mind, and the present data of the creosote therapy in our mind is sufficient to warrant a trial in every case. It is no question but that varying conditions of pneumonia furnish opportunity for the practical value of all of the therapeutic measures mentioned in this paper. We can not doubt in some conditions the inestimable value of each of them, since we have not a specific, and pneumonia still has a striking mortality.

I have simply mentioned without detail something of the treatment of pneumonia hoping that the Society will discuss the treatment with the consideration it deems justifiable.

The Sangamon County Medical Society met in regular session Monday evening Feb. 10th in the County Court house, L. C. Taylor, president, presiding. The minutes of the January meeting were read and approved. The executive committee reported favorably upon the application of J. C. O'Connor, of Buffalo, and he was unanimously elected to membership. Notice was given of the removal of one of our most active members, Jos. Brayshaw, from Berlin to Homer, Champaign County. State's Attorney Shutt sent informal notice that the case against L. R. May would be prosecuted to the fullest extent, but that chances for con-

viction depended on the amount and strength of evidence presented, and he urged the Society to give him as much support as possible.

J. N. Dixon opened the literary exercises by reading a paper entitled "A resume of 1,100 Confinement cases."

During 27 years of practice Dr. Dixon has attended 1,104 cases of confinement, either personally or as consultant. There were 22 deaths directly and indirectly due to the confinement; 14 still-born infants; 208 instrumental deliveries; 56 cases of version; 18 face presentations; 1 cross presentation (back); 26 hands or feet; 31 breech; 6 occipito-posterior; 72 twins; 1 triplets; 2 monstrosities. The largest child weighed 14½ lbs., the smallest 1¼ lbs. There were 28 cases of placenta previa; 34 of post-partum hemorrhage; 16 of puerperal eclampsia and one of puerperal mania. Throughout this experience an anesthetic was used in most all the cases at some stage of labor, though seldom to complete anesthesia. As a rule chloroform was used; sometimes when pains were slow and nagging a change to ether was found to be more stimulating and thus more satisfactory. In the use of forceps the ordinary ones had proven unsatisfactory, as they are mechanically defective, permitting neither the utilization nor regulation of the force applied while with the axis-traction forceps the entire force is utilized and controlled. Forceps should be used in the interest of mother or child, but never for the convenience of the operator just to save time, nor because of demands of mother or friends. They should not be considered a lever or pair of tongs with which to pry or pull by brute force. The principle is to supplement the existing forces (labor), to be used in their lines if normal; to restore, if abnormal; to re-inforce, if weak, and to substitute, if absent. With the application of these principles the abuse and danger of forceps ceases. The problem presented is to bring the head, an ovoid body, through a circular canal having a curved axis, and it is necessary that the force should be applied to the center of the head and it should act in the center of the passage, varying in position as the head descends. The nearer this is done the less the force required and the more natural the artificial delivery. The Tarnier forceps more nearly meet these indications. They do require more dexterity in applying, but there is no more danger of rupturing the perineum, two objections often raised against them. They are particularly indicated in high operations with deformed pelvis and in occipito-posterior presentations. They are also applicable to low operations where they save the perineum by lifting, not dragging, the head through. The following are some rare cases described:

1. An absolutely painless labor. Patient was a primipara less than 20 years old, she complained of feeling uncomfortable and physician was called, and in an hour delivery took place without her having had a single pain.

2. A severe laceration of cervix extending three inches into the uterus, during a normal labor, without there having been any symptoms such as severe pain or hemorrhage. The condition was not suspected for several days, when

septic infection supervened, soon followed by peritonitis and death.

3. A case where it was necessary to use intra-uterine irrigation and though great care was used in introducing a steel irrigator, the instrument perforated the fundus, and death soon followed. This result was attributed to the sharp point of the steel instrument. Subsequently when an intra-uterine irrigation was necessary a blunt glass instrument was always used.

4. This was a case complicated by a solid tumor completely filling the vagina and retarding labor. It was at first mistaken for the head but no sutures or fontanelles could be felt, after repeated examinations the pedicle of tumor was found, attached to the cervix; a pair of long curved scissors were introduced and the pedicle severed, a pair of hemostatic forceps applied and labor was soon completed.

5. A case of severe hemorrhage from retained placenta after miscarriage in which a physician had ordered the skin of a black cat applied to vulva to control the bleeding.

6. Two cases occurring within six months, where, after prolonged search no os could be found digitally. After waiting several hours a speculum was introduced and a very small opening was found which proved to be the os, this opening was enlarged by incisions and labor proceeded favorably, in each case.

The second paper, entitled **Eclampsia**, was read by I. Estelle Paullen and was in part, as follows:

Von Herff defines eclampsia as a complex of symptoms which may be produced by various causes, but the origin is especially in the psychomotor cerebral center and in the subcortical ganglion cells; a change of irritability in this cerebral center is essential and is either inherited or acquired through intoxication, infection, pathological conditions, etc., or by physiologic gestation irritation. Many theories obtain as to the etiology: microbes, pressure on ureters, mental anxiety, heredity, narrow pelvis, pre-existing nephritis, inefficient hepatic action, retained products of fetal metabolism, insufficient oxidation of the blood from lung or heart lesion, diabetes mellitus, formation and retention of tyrosin, leucin, creatin, creatinin, etc., each having its advocates.

The symptoms vary greatly and differ largely in their combinations, among them being restlessness, coated tongue, constipation, vomiting, headache (usually frontal, sometimes parietal, rarely occipital), dizziness, epigastric pain, temporary or persistent, lumbago, muscular tremors, disturbed vision, from mild asthenopia to complete blindness, and albuminuria. The attack may come on suddenly or with only a brief aura, followed by unconsciousness, eyes and head roll from side to side, soon becoming fixed, mouth twitches, tongue often bitten, jerking of voluntary muscles followed by rigidity, altered respiration, with a weak rapid and compressible pulse. In a few moments clonic convulsions follow and in a short time coma. Attacks recur with varying frequency, there may be one or many from one-half to several hours apart. The temperature may rise to 102-4-6 or 110

in fatal cases. The urine is scanty and contains casts, blood cells and much albumin. Carpentier has reported 141 cases without albuminuria. Nephritis is therefore not a cause but a most frequently occurring symptom.

In diagnosing, epilepsy, hysterical, meningitic and uremic convulsions are to be differentiated, and this is usually not difficult.

The ante-partum mortality ranges from 20 to 40 per cent., and post-partum 10 to 12 per cent.

Prophylaxis is most important and to this end the laity should be taught that a pregnant woman should receive a physicians attention that good health may be retained and any untoward symptom be given its proper treatment. To this end it has been urged that physicians should refuse to attend in cases when called at the last moment. The patients general condition should be ascertained occasionally, her habits regulated and more or less frequent examination of the urine made.

If the case is not urgent the attacks may sometimes be controlled by morphine, chloral, chloroform, ether, bromides, veratrum, and more serious ones by veratrum, venesection, saline injections, giving time for the uterus to empty itself voluntarily. Otherwise the uterus must be relieved of its contents as speedily as possible.

The papers of Drs. Dixon and Paullen were discussed together.

H. B. Buck stated that in his experience the administration of an anesthetic favored the occurrence of post-partum hemorrhage. R. D. Berry said he had had no experience with Tarnier's forceps but thought they would be especially useful in high operations. In a case of double vagina he succeeded in dividing the septum with a thread and had no further trouble. He had been most successful in treating eclampsia by blood-letting, giving histories of cases. J. W. Kely said he did not think it was always possible to avoid the use of forceps when the patient and friends demanded their use. G. N. Kreider described a case of eclampsia in which the prognosis was very bad, and in which transfusion and high injections were used followed by recovery, most unexpectedly. He thought it most important to keep at work in these cases. L. C. Taylor said that the probable explanation of the condition found in Dr. Dixon's two cases where it was so difficult to find the os was that a caustic had been used in the cervical canal in the very early stage of pregnancy causing adhesions to be formed. In eclampsia he had best result with veratrum viride and bleeding.

Dr. Dixon, in closing, said that as chloroform caused relaxation it probably did favor hemorrhage, especially when carelessly used. The use of forceps, however, did not tend to increase the liability to hemorrhage.

Under presentation of pathological specimens S. R. Hopkins showed a uterus which had ruptured spontaneously. The uterus was that from a patient, 45 years old, in her 8th pregnancy, which had been normal to labor. When he first saw her she had been in labor about a week and he found her temperature 104, pulse

very weak and rapid, and considerable tympanitis. An anesthetic was administered, a median incision made, and the putrescent fetus removed from the abdominal cavity. There was extensive peritonitis. Death occurred 20 hours later. As there was no further business the Society adjourned to meet March 10th.

F. B. FISHER,
Official Reporter.

The Morgan County Medical Society met in regular session on Thursday, January 9, 1902. President P. C. Thompson in the chair. The minutes of the December meeting were read and approved with two slight corrections. The members present were, Geo. E. Baxter, G. Edwin Baxter, Black, Bowe, Bradley, Burkholder, Campbell, Cole, Crane, Hairgrove, McLaughlin, Maness, Milligan, Norbury Pitner Reid Thompson and Wakely.

The committee on program reported as follows:

January—

Present Status of Antitoxin in the Treatment of Diphtheria—F. P. Norbury.

Vaccination—J. W. Hairgrove. Leaders—Drs. Baker and Cole.

February—

Pneumonia Lobar Diagnosis and Treatment—D. W. Reid.

Pneumonia Broncho, Diagnosis and Treatment—T. J. Pitner. Leaders—W. W. Crane, Harvey and Wakely.

March—

Methods of Diagnosis, Medical and Surgical. Medical—Geo. Edwin Baxter, E. F. Baker and Hughes. Surgical—C. E. Black, Adams and Gailey. Leaders—Hand, Perkins and Pitner.

April—

Infection, Medical and Surgical. Medical—Main and G. E. Baxter. Surgical—McLaughlin and Bowe. Leaders—Metcalf, Hairgrove and J. A. Day.

May—

Artificial Aids in Second Stage of Labor. Instrumental and Anaesthetic—Josephine Milligan, Virginie Dinsmore and T. A. Wakely. Leaders—Reid and G. W. Miller.

June—

Gastro-Intestinal Diseases of Children—C. E. Burkholder. Dietetics of Same—Campbell and Harvey.

July—

Emergency Surgery—Black, Bowe, Adams and Hairgrove. Leaders—Smith (Roodhouse) and Franken.

August—

Malaria—Cole, Boone and Crane. Leaders—Norbury, Vertrees and Neville.

September—

Cancer and its Treatment—J. A. Day and J. Hairgrove. Leaders—George Edwin Baxter, Bowe and Milligan.

October—

Skin Diseases, Diagnosis—R. C. Thompson and Baker. Leaders—Bowe, Bradley and Norbury.

November—

Fractures, Diagnosis and Treatment—Parker, Franken and Burkholder. Leaders—C. E. Black and Wakely.

December—

Adenoids—A. C. Adams, McLaughlin and Gailey. Leaders—J. W. Hairgrove and G. E. Baxter.

F. P. Norbury read a paper on The Present Status of the Antitoxin Treatment of Diphtheria.

To-day the clear cut results of treatment of diphtheria by modern methods are, to the unprejudiced, sufficient vindication that antitoxin has won for itself a prominent place in applied therapeutics. An evidence, too, of the triumph of science over empiricism and a testimonial to the indefatigable laboratory worker who patiently studies the forces of nature at work in her own laboratories, trying to thwart the ravages of diseases.

Clinical bacteriology has within the past decade studied the battle going on between the toxins of the infectious diseases upon the one and "the human animal aided by the antitoxins" upon the other. The observation of this ever interesting contest has afforded the opportunity for the advent of one of the greatest achievements of modern therapeutics—serum therapy—the use of the products of bacteriological growths in the animal organism. It is not necessary for me to review step by step the development of serum therapy since Behring announced his diphtheria antitoxin, but it is necessary in order to give the subject under consideration its full measure of usefulness for me to briefly state the theory upon which modern practice is established.

Wood states this proposition as follows: "It is now known that many and probably all pathogenic germs produce in the animal organism two classes of substances capable of violently affecting nutrition, which substances are believed by chemists to be of albuminous nature. To one class has been given the name toxin, to the other that of antitoxin. The toxin is the substance produced by the bacteria beneficial to the bacteria themselves, whilst the antitoxin, although produced by the bacteria, is hostile to them." The toxin locally is a poison and its constitutional effects are those of poison. All toxins produce lesions at the point of entrance, some very slight, while others, like the diphtheria bacillus, cause local destruction of tissue or at least local weakness of tissue, so that with the growth of bacilli tissue resistance is lost and the systemic invasion follows:

"An antitoxin is the substance present in normal blood of animals or artificially placed there which neutralizes the toxins produced by bacteria. An antitoxin is specific in its effects on poisons; that is, it acts only, or at least chiefly, upon the toxins produced by one species of organisms." (Parke.) Different antitoxins are produced by different cells, this explains why the animal immune to diphtheria may die of tetanus. The blood of the horse is normally antitoxic to diphtheria bacillus, but not so with tetanus.

The manner in which diphtheria antitoxin acts is yet unknown, but one thing is certain, however, and that is, that it is destructive to the toxin of the diphtheria bacillus, but not to the organism itself, although it prevents its propagation. Cobbet believes there is direct action of the antitoxin upon the toxin and Parke says the facts now known indicate that antitoxins enter into direct chemical combinations with their respective toxins—a combination which is, perhaps, not comparable to that of an acid with an alkali; for, as we have seen, it is a much slower one, but one which possibly—as Ehrlich has suggested—more closely resembles the formation of a double salt. Some facts seem to indicate that the antitoxin has a stronger affinity for toxin than the toxin for the cells. Many points are still far from clear as to the manner in which both toxins and antitoxins act. Sufficient is known, however, to establish without a doubt, the belief that nature in some way elaborates in the body an antidotal poison (an antitoxin to the toxic metabolic products of the bacillus).

The study of nature's process gave rise to the generation of antitoxin without the human body and the horse was selected to produce the diphtheria antitoxin because of his natural immunity to the disease. However, this natural immunity is not in itself sufficient to protect or immunize against the diphtheria toxin, and so to meet the requirements of practice, the modern methods of manufacturing antitoxin of greater immunizing power have been evolved.

It was my privilege in September to visit the laboratories of Parke, Davis & Co. in Detroit, where I saw the process of production of diphtheria antitoxin. Doubtless, you are all familiar with it, but as it was intensely interesting to me, a valuable object lesson and one of increasing value in helping me to understand the horrors of the recent St. Louis experiences with infected serum. To begin with, none but strong, young, healthy horses are selected for the purpose of manufacture of serum. Every horse is tested repeatedly to ascertain his condition of health. The horses receive the very best of care under hygienic conditions, which insures cleanliness and perfect health. The technique of serum production is about as follows:

Strong diphtheria toxin derived from a virulent culture—thoroughly tested by culture tests and the microscope; then sterilized and tested for strength by the guinea pig. The horse is then injected with a definite amount of toxin—an amount sufficient to kill, say 10,000 guinea pigs of definite weight. Reaction with fever follows this injection, after the fever subsides, which is within five days, the injection is repeated—a larger definite dose is given. These injections are repeated—the dose of the toxins being increased until at the end of six or eight weeks about twenty times the original dose is given at one injection. At the end of three months, if every step in the process has been satisfactory, the horse is ready to begin furnishing serum and will continue to do so for many months to come if the toxins are still injected, for the antitoxic properties are pronounced. I should have said that frequently manufacturers inject antitoxin into the horse with the first few

injections of the toxin; this further immunizes the horse and prevents severe reaction. A rise above three degrees F. in temperature reaction is not looked upon with favor. The strength of antitoxin serum at three months is from 200 to 800 units, per cu centimeter. A unit is the amount of serum required to save a 300 grain guinea pig from death from ten times the smallest fatal dose of diphtheria toxin.

The antitoxin placed on the market runs from 100 to 2,000, 3,000 units per cu centimeter. Before placing the serum upon the market it is tested to be sure of its purity and strength—purity, so that no such experience as occurred in St. Louis can be traced to the serum. Tetanus is tested for, with the guinea-pig, and the serum then properly sterilized is placed in receptacles for the market. It is of interest to note the American manufacturers who have given careful scientific consideration to the manufacture of serum have met with success and their products are standard the world over. Mulford, Parke, Davis & Co. and Frederick Sterns & Co. lead in this country, and we feel justified in saying that implicit confidence can be placed in the products of their manufacture.

Indications for Use of Antitoxin.

It is needless for me to review the clinical history of diphtheria, this alas is a too familiar picture to us all. No one in this day and age, except the Medical Brief and the submerged element of the profession who are its readers, doubts the clinical bacteriology of this disease.

Treatment is always based on the diagnosis of the disease and this is especially true with diphtheria, where time is an important element. The clinical diagnosis should be our guide, and even in doubtful cases, where differentiation is difficult, it is far better that we at once use antitoxin, instead of waiting for further diagnostic evidence. The surest guide in diagnosis of diphtheria associated with the clinical evidences is the bacteriological examination which demonstrates the presence of Klebs-Loeffler bacillus. It is always safe to presume that we have to deal with diphtheria when the very smallest patch of false membrane appears on the tonsil, palate pharynx or uvula. It is not advisable that we wait for the laboratory examination to confirm our diagnosis before using antitoxin, for in so doing we lose valuable time, and especially is that true where the patient is remote from laboratory facilities for bacteriological demonstration. It is best to use antitoxin first, for by following such a practice, if the disease proves to be diphtheria, we have used our most potent remedial agent when it will do the most good, and if diphtheria does not exist, no harm has been done to the patient, Lennox Browne and other writers to the contrary notwithstanding.

The Mode of Using Antitoxin.

Antitoxin must be given subcutaneously and the technic of its application is very simple and is being simplified by the introduction of uncomplicated apparatus, notably that of Stearns'. The location most suitable for the introduction of the serum is the back, near the scapula. The site is cleansed thoroughly—made as near aseptic as possible. The needle is inserted prefer-

ably in a downward direction parallel with the margin of the scapula. Slowly the serum is injected and when completed the needle is withdrawn and the puncture closed with collodion, or iodoform gauze and collodion. No danger results from such aseptic precautions. In forty injections which I have given I have never had an abscess or other local disturbance.

The Effects of Antitoxin.

The effects are: First, to prevent the increase of the local disease process; second, to mitigate the local swelling and hyperaemia, and lastly, to overcome the constitutional effects of the toxins. These results follow when the curative dose of the antitoxin neutralizes the specific poisons found in the system. It is therefore of great importance that we consider that the initial dose must be sufficient to overwhelm the toxic effects of the disease, for if this dose does not have such an effect then, as Taylor says—"the disease progresses in proportion to the degree in which the dose has fallen short, or no effect at all may be noticed. The repetition of the dose, or its increase, is then instantly indicated, and the shorter the time which elapses before such repetition is made the better will be the results."

The question of dosage then is of importance, and just here is a question which has been prominently before the profession during the past year. There is a tendency for larger initial doses and more frequent repetitions of large doses and clinical results to justify the practice. The extent of the disease and not the age or size of the patient should be our guide in giving the initial dose and also its repetition. Parke in the most recent contribution to the literature on this subject recommends the following dosage:

Very mild case, 1,000 to 1,500 (units) first dose.

Moderately severe cases, 2,000 to 3,000 (units).

Very severe cases, 4,000 to 5,000 (units).

Laryngeal cases, according to severity, 2,000 to 5,000 (units).

For children under one year of age one-third less than for older children and adults. I have given and with good results 3,000 units as an initial dose in a child under seven years of age, basing my dosage wholly on the extent of the local symptoms. We must always bear in mind that the duration of the disease should figure as the prime essential factor in determining the initial dose, for it will require a more powerful dose when given late to overcome the disease than when given early. Let me again say that antitoxin must be given early. It is inhuman to temporize or to wait, and no where in practice do we achieve such striking and helpful effects from prompt treatment than in the early use of diphtheria antitoxin. After the initial dose has been determined upon it should be given at once and its effects noted. If within a few hours (Parke says twelve) no effects are noted a second dose larger than the first should be given. It is good practice to follow increasing dosage, for the effects are more rapid and more beneficial. In an ordinary case, where the initial dose has been at least 2,000 units, it is rare that more than two doses are given. I have seen good results

with but one dose of 2,000 units. The later the antitoxin is used the greater must be the initial dose. I gave in one case 3,000 units seen in the second stage of the disease and in twelve hours repeated the dose and in eighteen hours gave 4,000 units—the patient made a good recovery. In a case of great urgency in a child having the vulvo-vaginal form of the disease I gave 8,000 units in twenty-four hours with the satisfaction of seeing all the membrane on the vulva, in the vagina and rectum disappear, but the infection reached the peritoneum and death resulted from peritonitis in thirty hours from the first appearance of the membrane.

We frequently find mixed infection as a complication in this disease—thus in one case commencing as a quinsy sore throat (suppurative tonsillitis) diphtheria infection appeared on the third day and death followed in twenty-four hours from laryngeal stenosis—the child died while Drs. Black, Bowe and myself were attempting intubation. I have noted several cases with streptococcus as a mixed infection, one case in particular with laboratory confirmation, made a recovery, but only after prolonged local treatment and liberal use of antitoxin, strychnia and brandy.

In my forty cases I have had three deaths showing a mortality that is in keeping with the experience of others. It is a fact which cannot be disputed and which intelligent inquiry will sustain, that the introduction of diphtheria antitoxin has reduced the mortality of this disease enormously. "When antitoxin is given in sufficient amount shortly after the onset of the first symptoms, the mortality is less than four per cent. It is rare for an uncomplicated case of diphtheria thus treated to die." (Parke.)

Again, let me say, give antitoxin early and let the initial dose be guided by the condition of the patient. It must be remembered that diphtheria is a local disease. The Klebs-Loeffler bacillus may be found in all case of diphtheria in the membrane or in the mouth. It lives largely on the surface of the membrane, rarely penetrating the tissue. Levy and Klempner say that "in bodies of patients suffering from diphtheria the bacillus has never been found at any other place than in the false membrane and especially never in the blood." Diphtheria can be arrested without much mischief being done, but if allowed to go on, the local process, the necrosis of the epithelium mucosa, is due to the presence of the bacillus; the resulting constitutional symptoms, such as fever, palsies, etc., are due to the infection—the toxic metabolic products of the bacillus. These toxins produce deleterious results upon the internal organs—damage them beyond repair, for antitoxin exerts no curative effect upon the damages done tissue by the diphtheria toxins. The antitoxin will prevent such damage if given in sufficient doses, it will arrest the progress of such destructive effects when inaugurated by diphtheria toxins, but it cannot repair damage already done. This fact again emphasizes early treatment in sufficient doses, and this applies especially to the palsies which follow from the effects of toxins on nervous tissue.

Antitoxin exerts no influence whatever upon the nervous phenomena. In fact antitoxin has not materially affected the frequency of paraly-

sis only in its prevention by early use. The experiments of Ransom show that it can be averted by large doses of antitoxin given within the first twenty-four hours. In my series of cases I had two, complicated with post diphtheritic paralysis, in one, a school girl, seen on the second day of the disease, but 1,500 units had been given, but with decided improvement in local conditions. In ten days paralysis of the palate followed, which readily yielded to treatment by large doses of strychnia. The other case, an adult, followed a very light attack of diphtheria, which yielded readily to antitoxin—2,000 units at one dose, paralysis developed on the sixth day—lasted five days, treated by strychnia. Lesions of the heart and kidney cannot be attributed to the use of antitoxin, according to Counselman, Mallory and Pearce, it can be said beyond doubt, that visceral complications are produced by actual organic changes in the tissues brought about by necrosis producing properties of the toxins of diphtheria.

Immunity.

The observations of municipal boards of health where careful notation is made of all cases of diphtheria, antitoxin has immunizing powers. So much so, in fact, that with its use, associated with isolation and good hygiene, an epidemic can be prevented. It is well to insist upon local treatment of the throat, too during such period of isolation. The immunizing dose is about 500 units and its effects last on an average of two to three weeks.

In conclusion, I would speak of the recent sad experiences with antitoxin in St. Louis—one of the most appalling disasters that we as a profession are called upon to consider and discuss.

It has been shown by the report of the commission ordered by the coroner to investigate this disaster, that impure antitoxin, made so by the unscientific, unhygienic methods of manufacture, was to blame for the deaths. This fact should impress us with the importance of using pure certified antitoxin. Further, we should by all fair means endeavor to instruct the laity regarding the triumphs and advantages of antitoxin treatment and thus try to remove this blot upon serum therapy which the St. Louis experience has caused. The people must and should be instructed and it falls upon us as a profession to do this duty.

The paper was discussed by Drs. Crane, Black, Cole, Bowe.

J. W. Hairgrove read a paper on **Vaccination.**

Vaccine disease, vaccinia, cowpox is an infectious disease characterized by general and local symptoms. When this disease is successfully conveyed to the human body it produces an immunity from smallpox. Its introduction into the blood of man is by direct infection and is called vaccination.

Vaccination when successful produces a vesicle at the point of introduction, and the contents of this vesicle when reinoculated into a healthy person not previously vaccinated or having had the smallpox will again produce the same disease.

Tyson says it is pre-eminently characteristic of vaccine disease that it can be communi-

cated only when directly introduced into the blood. Quoting further from the same author:

"Nature of Vaccinia. Two views as to the true nature of vaccinia are held—the English, that it is smallpox modified by transmission through the cow; the second, or French view, that it is a separate disease distinct from smallpox. Each side claims that its own view is sustained by experiment. The former view is probably correct—that vaccinia is smallpox modified by passing through the cow.

"Lymph in Use. At the present time it is almost the universal practice to use animal lymph or the lymph directly from the cow, although humanized lymph, that from another person having vaccine disease, can also be successfully used. The chief reason for using animal lymph is that all danger of communicating other affections, especially syphilis, is thus avoided, although there is reason to believe also that protection is more certainly secured by animal lymph. For securing the cow's lymph numerous farms exist in this country and in Europe, where, under the most perfect sanitary precautions, inoculation is practiced on the udder of heifers, whence the lymph is gathered and distributed. In Belgium the heifers are slaughtered after the lymph is taken, and if they are not found diseased the lymph is not used. In this country the more usual method is to allow the lymph to dry on ivory points or quills, or to collect it in capillary tubes. Before the use of animal lymph became general the crusts or scabs from vaccinated arms were preserved and moistened to the consistence of pus before inoculation.

"Bacteriology. The inoculating principle of vaccine virus has not been isolated. Analogy leads us to expect some organism will ultimately be found in the fluid of the pock. Quist has cultivated micrococci, which, he claims, produced in the child a typical vesicle; while Harold Ernst and Martin, of Boston, have isolated from bovine lymph a germ which grows on culture—media and produces when inoculated in the heifer or children, characteristic vesicles. Klein and Copeman have each found a bacillus, and Pfeiffer and Ruffer bodies regarded as psorosperms. Peculiar amoeboid bodies have been met in the blood."

The operation of vaccination is variously performed. My plan is to select the site for it and scrub the skin with soap and water and brush or gauze. The water, soap, brush or gauze should be sterile and my own hands are carefully scrubbed beforehand. The site of vaccination is again washed with alcohol and again carefully washed with sterile water. The cuticle is then removed and serum applied and well rubbed in. After allowing it to dry thoroughly I cover it loosely with sterile gauze and fasten with two adhesive strips. These strips should not completely encircle the arm thus preventing expansion of the tissues when swollen.

Such care in vaccination will prevent bad sore arms, which only come from mixed infection and gross carelessness. I have seen some very bad cases of septicaemia with general systematic infection, large abscesses, and great danger to life follow vaccination. Bad sore arms are by no means uncommon, and even syphilitic and tuber-

culous infection are frequently heard of. These two dangers are, I think, wholly eliminated by using the carefully prepared glycerinated lymph, which we can secure from a variety of sources. The glass tubes keep the lymph perfectly clean until used. Its removal from the tube by pressure from a small rubber bulb is to be recommended and not by blowing through with one end of the tube in the operator's mouth, as I am informed by one of our druggists was recommended by one of our local doctors.

I have seen one case of tetanus following vaccination in our city during the past year and this proved fatal in three days. The onset of the symptoms were at about the end of the second week and death occurred in about seventy-two hours.

An editorial comment in *Pediatrics* has to say:

"The recent epidemic of tetanus following vaccination in Camden and other parts of New Jersey has justly alarmed the natives and will, we hope, teach a valuable lesson to practitioners of medicine. At this writing all tests of the virus on white mice and other small animals peculiarly susceptible to tetanus have failed to show the presence of the bacillus tetani or its toxins. The long period which elapsed in many of the vaccinated cases before the appearance of symptoms of tetanus strongly indicated beforehand that these test experiments would prove negative. That general practitioners, and public vaccinators, too, for that matter, are liable to be very careless regarding the laws of asepsis is too notorious to require comment. Soap and water, a clean scrubbing brush and a little alcohol, although infrequently employed, are not enough. The needle and spatula must be sterile. The operator rarely cleanses his hands; often when using tubes he blows the glycerinated virus out with his mouth and is liable to blow sputum along with the lymph. This latter in error technique may be avoided by using a small rubber bulb for the purpose, or by using the tubes with a glass bulb at one end by heating the contents of the tube will be expelled. As the tetanus bacillus requires the presence of other organisms before it can elaborate its toxins, it is fitting that every possible source of contamination should be avoided. Dirty children had best have the vaccination wound dressed aseptically in a surgical manner after the virus and serum have dried."

It is important to have vaccination done in a cleanly place, by cleanly hands in a cleanly manner. In fact, the same surroundings and care are necessary as in performing any aseptic operation. If not, then you will have sore arms from mixed infection, and which can be avoided.

The paper was discussed by Drs. Crane, Bowe, Cole, McLaughlin and Wakely.

Dr. Hairgrove reported a case of enchondroma of hand and fingers. Drs. Dinsmore and Bowe saw the case and the operation was for a removal of the growth, it having returned after a previous operation some years before.

F. P. Norbury reported a case of **septic pericarditis**. The patient was taken suddenly ill, trouble simulating angina pectoris, symptoms were intense suffering, fear, profound exhaustion and great pain in the region of the heart.

The pain was relieved in two or three hours. Later Dr. Black saw the case with him and aspirated and drew off sixty-two ounces of foul smelling tuberculosis fluid. The history of the case was that there had been an illness of several weeks duration prior to this attack. The apex beat was to the right of the sternum. The sounds were muffled over a large area. There were also abscesses of the lungs. Dr. Black aspirated the pericardial sac with the result above stated. The patient lived about ten days. Dr. Black also made some remarks about the case of septic pericarditis. Dr. Norbury also mentioned a previously reported case of pleurisy where sixty-four ounces of fluid was removed by aspiration and stated the case was not tuberculosis as proved by the test on the guinea pig.

There being no further reports of cases, on motion it was moved to return to the consideration of new business.

Dr. Hairgrove moved that a committee of three be appointed by the president to revise the fee bill of the Society and report at the next meeting. The motion was unanimously carried. Drs. Hairgrove, Reid and Cole were appointed members of said committee.

Dr. Black made a motion that the secretary be empowered to have three copies of the proceedings of the Society for the years 1899, 1900 and 1901 bound, one for the public library, one for the Society library and one for the secretary.

The motion prevailed and it was so ordered.

Dr. Bowe then made the following motion, which was carried:

Resolved, That any physician residing in a county where there is a recognized Medical Society in affiliation with the Illinois State Medical Society shall be a member in good standing of his home Medical Society before his application shall be considered by this Society.

On motion the Society adjourned.

T. A. WAKELY, Secretary.

From the Journal of the Morgan County Medical Society.

New Members.

- Anderson, Martha, Moline, member Rock Island County Medical Society.
- Babcock, H. S., Jamesburg, member of Vermilion County Medical Society.
- Benson, Newton T., Vienna, member Southern Illinois Medical Society.
- Brown, Jas. Moreau, 36 Washington st., Chicago, member Chicago Medical Society.
- Cary, S. B., Carbondale, member Southern Illinois Medical Society.
- Cook, David, Plano, member of Kendall County Medical Society.
- Dal, Jno. W., 499 Robey st., Chicago, member Chicago Medical Society.
- Drew, Thos. B., Oswego, member of Kendall County Medical Society.
- Fox, A. L., Danville, member of Vermilion County Medical Society.
- Ingram, W. T., Murphysboro, member Southern Illinois Medical Society.

Kauffman, J. S., Blue Island, member of Chicago Medical Society.
 Larned, E. R., 44 Franklin st., Chicago, member Will County Medical Society.
 Le Count, E. R., 398 S. Marshfield Ave., Chicago, member Chicago Medical Society.
 Linell, B. M., 100 State st., Chicago, member Chicago Medical Society.
 Mettler, L. Harrison, 4544 Lake ave., Chicago, member Chicago Physicians Club.
 Smith, C. T., Red Bud, member Southern Illinois Medical Society.
 Turck, Fenton B., 362 Dearborn st., Chicago, member Chicago Medical Society.
 Walls, F. X., 4307 Ellis Ave., Chicago, member Chicago Medical Society.

NEW SUBSCRIBERS.

Greeley, Paul E. N., Waterman.
 Saling, W. T., Stonington.
 Scott, Ralph B., Venice.
 Wash, Geo. A., Palmyra.

New Incorporations.

The Secretary of State at Springfield has licensed the following corporations:

Co-operative Hygiene Milk company, Chicago; capital stock, \$75,000; object, dealing in sterilized milk and dairy products; incorporators, Andrew M. Pollard, Parker H. Hoag and Bradley H. Mahanna.

The St. John Remedy company Chicago, to manufacture proprietary articles and remedies capital stock, \$1,000; incorporators, Albert H. Tyrrell, Robert J. Fellingham and Fred D. P. Snelling.

Henry Ulrich Life Institute, Chicago; giving instruction in physical and mental culture; capital stock, \$50,000; incorporators, Charles H. Peace, Alfred J. Tengwald, Oscar W. Brecher.

Western Medical and Toilet company, Chicago; capital, \$2,500; manufacturing medical and toilet preparations; incorporators, Sallie Cain, Mabel C. Pool, S. G. Phelps.

A. D. Loar Medicine company, Bloomington; capital, \$2,500; manufacturing and dealing in drugs and chemicals; incorporators, A. D. Loar, James L. Bonnett, Belle Loar.

Herba Planta company, Springfield; capital, \$10,000; manufacturing certain remedies; incorporators, William J. Butler, James R. B. VanCleave, C. F. Mortimer.

The Harts Medicine company, Lincoln, certified to an increase of capital stock from \$10,000 to \$25,000.

Western Instrument company, Chicago; capital, \$10,000; manufacturing surgical instruments; incorporators, Charles N. Goodnow, Guy L. Eames, Joseph Michand.

Cook County Clinical School, Chicago; educational; incorporators, Daniel D. Healy, John J. Hanberg, William McLaren.

Hottinger Drug and Truss company, Chicago; capital, \$12,500; to manufacture and deal in medicines, surgical appliances, etc.; incorporators, John S. Hottinger, Joseph Hottinger and Arthur Hottinger.

Society Members.

Local Societies in Affiliation with the Illinois State Medical Society.

A Complete List of Their Officers and Members.

With this issue of the Journal we begin the publication of the names of the members and officers of the local Medical Societies in affiliation with the Illinois State Medical Society. These lists are prepared by the Legislative Committee from records kept by its Chairman, Dr. Carl E. Black, of Jacksonville, Ill., who especially desires immediate notice of any errors or additions.

* Member of the Illinois State Medical Society.

† Member of the American Medical Association.

Adams County Medical Society.

Meets Monthly on Second Monday at Quincy.

Officers.

President, Otis Johnson.....Quincy
 Secretary, C. D. Center.....Quincy

List of Members.

Ashton, L. B., Quincy.
 Baker, W. H., Quincy.
 Bates, A. D., Camp Point.
 *Beirne, H. P., Quincy.
 Brennan, A. E., Quincy.
 Brenner, F. T., Quincy.
 †*Center, C. D., Quincy.
 Christie, Sr., R. J., Quincy.
 †*Christie, Jr., R. J., Quincy.
 Collins, H. O., Paloma.
 †*Cox, W. M., Mt. Sterling.
 Durant, J. F., Quincy.
 †*Fish, W. H., Baylis.
 †*Fletcher, J., Mendon.
 Gabriel, E. J., Payson.
 †*Germann, M. K., Quincy.
 Gill, L. L., Quincy.
 *Gilliland, W. E., Coatsburg.
 †Hart, Henry, Quincy.
 †*Hatch, Henry, Quincy.
 Garrett, Susan B., Quincy.
 †*Johnson, Otis, Quincy.
 Justice, J. D., Quincy.
 †Kendall, H. W., Quincy.
 Knapheide, W. S., Quincy.
 Knapp, D. M., Mendon.
 Koch, J. A., Quincy.
 *Landon, D. M., Quincy.
 Landon, W. M., Quincy.
 Leisen, Anna M., Quincy.
 Lierle, G. A., Payson.
 †*Montgomery, E. B., Quincy.
 Nice, D. D., Bowen.
 *Nickerson, L. H. A., Quincy.
 Retticker, J. K., Quincy.

†*Rice, J. H., Quincy.
 *Robbins, Jos., Quincy.
 †*Rooney, Abby Fox, Quincy.
 Sigsbee, W., Mendon.
 Snider, Frank, Liberty.
 Tull, Frank E., Quincy.
 Vaser, Sarah, Quincy.
 Wellenreiter, O. F., Quincy.
 Williams, J. G., Quincy.
 †*Williams, W. W., Quincy.
 Wilson, I. T., Quincy.
 Wilson, J. F., Versailles.
 Wilson, S. J., Versailles.
 Woods, R., Quincy.

Bureau County Medical Society.

Meets Second Thursday of November and May.

Officers.

President, M. H. Blackburn.....Dover
 First Vice President, W. E. Howard.....Ohio
 Second Vice President, J. P. Lytle,...Princeton
 Secretary, O. J. Flint.....Princeton

List of Members.

†*Blackburn, M. H., Dover.
 Flint, O. J., Princeton.
 Garwood, Jessie P., Princeton.
 Hammond, J. J., Malden.
 Hopkins, L. S., Bradford.
 Hopkins, S. W., Walnut.
 Hosier, J. W., Spring Valley.
 †Howard, W. E., Ohio.
 †Kaul, W. M., Princeton.
 *Keller, Wm., Princeton.
 Kelley, F. E., La Moille.
 *Kemp, C. H., Tiskilwa.
 *Landis, B. F., Tiskilwa.
 Lee, F. W., Tiskilwa.
 †Linabery, W. L., Princeton.
 Lytle, J. P., Princeton.
 Malin, A. H., Princeton.
 Mason, W. C., Walnut.
 Mimick, E. M., Bradford.
 McCarthy, Richard, Dover.
 McLain, J. H., Bureau.
 †Owens, A. E., Princeton.
 *Owens, Hattie M., Princeton.
 †*Palmer, C. A., Princeton.
 Pershing, F. O., Whitefield.
 †Priestman, J. L., Neponset.
 Remsburg, J. L., La Moille.
 Rice, Geo. I., Princeton.
 †*Robinson, F. C., Wyand.
 Russell, G. M., Kasbeer.
 Scott, G. C., Princeton.
 Shaw, G. G., Bradford.
 Sprague, T., Sheffield.
 Steele, H. D., Princeton.
 Sullivan, S. J., Ohio.
 Taylor, G. T., Princeton.
 †Taylor, J. F., Buda.
 Thompson, S. C., La Moille.
 Vixtrum, J. A., Princeton.
 Wickersham, L. L., Malden.
 Wilkins, Jno., Tiskilwa.
 Wright, Geo. R., Mineral.

Calhoun County Medical Society.

Meets Third Monday in March, June, September
 and December.

Officers.

President, P. C. Barry.....Harden
 Secretary and Treasurer, T. O. Hardesty....
Kampsville.

List of Members.

*Baleht, F. C., Brussels.
 Barry, I. S., Batchtown.
 Barry, P. C., Hardin.
 Flatt, S., Hardin.
 Hardesty, T. O., Kampsville.
 Skeel, W. A., Bellview.
 Todd, O. C., moved to Texas.
 Vaughn, J. R., Hamburg.
 Williams, G. A., Hardin.

Carroll County Medical Society.

Officers.

President, J. Haller.....Lanark
 Vice President, F. E. Snow.....Chadwick
 Secretary and Treasurer, H. S. Metcalf.....
Mt. Carroll

List of Members.

Haller, J., Lanark.
 Melugin, F. E., Thomson.
 Metcalf, H. S., Mt. Carroll.
 Miller, R. C., Shannon.
 Miller, W. H., Chadwick.
 Owen, S. L., Lanark.
 Porter, J. E., Shannon.
 Rinedollar, Nelson, Mt. Carroll.
 †*Snow, F. H., Chadwick.

Champaign County Medical Society.

Meets Monthly at Champaign.

Officers.

President, A. S. Wall.....Champaign
 Vice President, Z. E. Matheny.....Pesotum
 Secretary, H. E. Cushing.....Champaign

List of Members.

Bartholow, J. M., Urbana.
 *Burres, W. F., Urbana.
 *Champion, J. V., Mansfield.
 Craig, C. M., Champaign.
 †Cushing, H. E., Champaign.
 *Dicks, T. A., Broadlands.
 Dillon, W. B., Urbana.
 †*Dodds, J. C., Champaign.
 Exton, T. J., Harrisboro.
 Finch, J. H., Champaign.
 Gardiner, J. H., Mahomet.
 Garrison, A. J., Long View.
 Gray, W. L., Champaign.
 Hadden, J. M., Seymour.
 *Hoffman, C. P., Sadorus.
 †*Hoffman, J. A., Pesotum.
 †*Howard, H. C., Champaign.
 †*Johnson, C. B., Champaign.
 Kincheloe, E. W., Sidney.
 *Kratz, E. A., Champaign.
 Mandeville, J. D., Champaign.
 Martin, John, Tolono.
 †*Mason, J. S., Rantoul.
 †Matheny, Z. E., Pesotum.
 *Matson, W. F., Monticello.

Miller, H. W., Urbana.
 †Mills, C. H., Champaign.
 †*Miner, Ellen, Champaign.
 *McKinney, T. J., Gifford.
 †*Newcomb, W. K., Champaign.
 Pearman, J. O., Champaign.
 Powers, F. H., Champaign.
 Purcell, J. T., St. Joseph.
 Reid, L. W., De Lard.
 Salem, L. O., Fisher.
 *Salisbury, S. S., Tolono.
 †*Schowengerdt, R. E., Champaign.
 Shurtz, R. E., Champaign.
 Shurtz, L. W., Champaign.
 Spears, Chas. W., Champaign.
 *Turner, J. W., Homer.
 Walker, T. E., Gifford.
 *Wall, A. S., Champaign.
 White, Carrie N., Urbana.
 White, J. E., Urbana.

Clay County Medical Society.

Meets Quarterly at Louisville.

Officers.

President, E. P. Gibson.....Hoosier
 Vice President, J. W. Thompson.....Oskaloosa
 Secretary, W. E. Burgett.....Louisville
 Assistant Secretary, Carl Creese.....Iola
 Treasurer, W. F. Fairchild.....Flora

List of Members.

Boyles, J. M., Flora.
 Bowman, N. W., Flora.
 Burgett, W. E., Louisville.
 Campbell F. C., Xenia.
 Cruse, C. V., Oskaloosa.
 Dillman, J. V., Bible Grove.
 Fairchild, Wm. F., Flora.
 Falley, R. L., Bible Grove.
 *Gibson E. P., Hoosier.
 Gladson, M. M., Hord.
 Johnson, T. A., Xenia.
 Mitchell, R. S., Flora.
 Park, E. C., Flora.
 Park, Jr., E. C., Flora.
 Scaife, B. F., Saylor Springs.
 *Thompson, T. W., Oskaloosa.

Crawford County Medical Society.

Meets Second Thursday in July, September, November, January and May.

Officers.

President, C. H. Voorheis.....Hutsonville
 Vice President, C. E. Price.....Eaton
 Secretary, L. J. Weir.....West York
 Treasurer, C. Barlow.....Robinson

List of Members.

*Barlow, C., Robinson.
 Birch E. L., Robinson.
 Cato, J. B., Hutsonville.
 Conover, Dolph, Hardinsville.
 Cooley, E. M., Oblong.
 Dunham Frank, Robinson.
 †*Firebaugh, I. L., Robinson.
 Griffith, F. J. C., Annapolis.
 Hayhurst, W. C., Birds.
 Hoskinson, W. H., Trimble.
 Jones H. F., Flat Rock.
 Kibbie, H. C., Oblong.

*Kirk, J. W., Oblong.
 Martin, J. A., Palestine.
 Meserve A. G., Robinson.
 Meserve, S. D., Robinson.
 McGovern, J. H., Annapolis.
 Newlin Leroy, Hardinsville.
 *Price C. E., Eaton.
 Rafferty, H. N., Robinson.
 †Rafferty, T. N., Robinson.
 Taylor, O. G., Palestine.
 Thompson, J. S., Palestine.
 *Voorheis, C. H., Hutsonville.
 *Weir, John, West Union.
 *Weir, L. J., West York.

DeWitt County Medical Society.

Meets Second Sunday in January, April, July and October.

Officers.

President, A. E. Campbell.....Clinton.
 Vice President, C. C. McMakin.....Weldon
 Secretary, J. H. Tyler.....Clinton

List of Members.

Barr, D. D., Weldon.
 †*Campbell, A. E., Clinton.
 Chalstran, W. E., Lane.
 Craig, W. M., Kenney.
 †Davis, J., Farmer City.
 Davis, T. W., Wapella.
 Davis, V., Wapella.
 *Edmiston, D. W., Clinton.
 Edmiston, J. A., Clinton.
 Edmonson, G. S., Clinton.
 Fullenwider, R. C., Clinton.
 Gardiner, J. D., Farmer City.
 †*Kirby, W. H., Chestnut.
 Lake, Jno. J., Kenney.
 Littlejohn, H. C., Farmer City.
 McLean, C. S., Hallsville.
 McMakin, C. C., Welton.
 †*Myers, J. C., Clinton.
 *Norris, A. L., Farmer City.
 *Taylor, E. K. M., Le Roy.
 *Thorpe, S. L., Kenney.
 †*Tyler, J. H., Clinton.
 Tyler, A. J., Clinton.
 †*Wilcox, J. M., Clinton.

Douglas County Medical Society.

Meets First Thursday in February, May, August and November.

Officers.

President, J. H. Abrams.....Atwood
 Vice President, W. T. Pulliam.....Tuscola
 Secretary, W. E. Rice.....Tuscola
 Treasurer, J. L. Reat.....Tuscola

List of Members.

Abrams, D. O., Decatur.
 Abrams, J. H., Atwood.
 *Allen, E. S., Arcola.
 Auten, F. E., Dayton, O.
 Benefiel, W. F., Atwood.
 Blaine, W. C., Tuscola.
 Brenton, W., Tuscola.
 Burnett, W. H., Camargo.
 Calhoun, Robt. E., Chesterville.
 Colyer, J. R., Garrett.

Colyer, W. A., Garrett.
 *Dobson, J. W., Arthur.
 Eads, S. A., Arthur.
 Hall, R. B., Cincinnati, O.
 †*Hoffman, J. A., Pesotum.
 Holton, H. C., Sidell.
 Mason, J. E., Arthur.
 †Matheny, Z. E., Pesotum.
 *McClain, B. T., Atwood.
 Nichols, M. E., Champaign.
 Pincherd, J. A., Atwood.
 Pulliam, W. T., Tuscola.
 *Reat, J. L., Tuscola.
 Rice, W. E., Tuscola.
 *Rideout, W. J., Freeport.
 Slater, O. M., Garrett.
 Slater, P. A., Hindsboro.
 Smith, H. S., St. Louis, Mo.
 Voyles, C. F., Murdock.
 Wagner, J. M., Newman.
 *Wagner, J. R., Newman.
 Wiseman, W. A., Camargo.

Fulton County Medical Society.

Officers.

President, P. H. Stoops.....Ipava
 Vice President, Wm. Roberts.....Norris
 Second Vice President, W. S. Strode.Lewistown
 Secretary, D. S. Ray.....Cuba
 Treasurer, F. M. Harrison.....Bryant

List of Members.

Ames, E. W., Canton.
 *Baxter, A. J., Astoria.
 Blackburn, R. S., Ray.
 Blackburn, W. R., Table Grove.
 Blackstone, G. R., Table Grove.
 Chapin, L. R., Canton.
 Cluts, A. C., Ellisville.
 †*Coleman, J. E., Canton.
 †*Connelly, James W., Farmington.
 *Cooper, J. F., Elmwood.
 Dehm, C. H., Middlegrove.
 Eckles, W. F., Bernadotte.
 Fowler, W. C., Vermont.
 Frazier, W. P., Fairview.
 †Hanson, R., Lewistown.
 Harrison, F. M., Bryant.
 Harrison, J. R., Glasford.
 *Hayes, T. C., Canton.
 Heise, Ellen, Canton.
 Jones, M. C., Ipava.
 Logan, J. A., Canton.
 Miller, F. R., Canton.
 Morton, V. C., Ipava.
 Nellis, J. M., Canton.
 Parker, E. S., Vermont.
 Plummer, T. R., Farmington.
 Plummer, Wm., Farmington.
 *Ray, Jr., D. S., Cuba.
 †*Reagan E. W., Canton.
 Roberts, Wm. M., Morris.
 Rogers, H. H., Cuba.
 Rogers, Maud, Cuba.
 Scholes, Paul, Canton.
 †*Shallenbarger, W. E., Canton.
 *Snively, C. D., Summum.
 †*Stoops, P. H., Ipava.
 Strode, W. S., Lewistown.
 †*Sutton, J. E., Canton.

Talbott, D. D., Lewistown.
 Wedge, D. O., Ipava.
 *Zeigler, T., Canton

Gallatin County Medical Society.

Officers.

President, Alex. H. Colvard.....Shawneetown
 Vice President, Wm. H. Gallatin...Shawneetown
 Secretary and Treasurer, Geo. P. Cassidy...
Shawneetown

List of Members.

Barton, John F., Shawneetown, Ill.
 †Bourland, Isaac N., Equality.
 Campbell, Wm., Equality.
 †*Cassidy, Geo. P., Shawneetown.
 Colvard, Alex. H., Shawneetown.
 Coombs, Geo. W., Ridgway.
 Gratan, Wm. H. Shawneetown.
 Jones T. Alfred, Inman.
 Starkey, H. L., Junction.

Hancock County Medical Society.

Meets First Monday in May, at Carthage.

Officers.

President, C. L. Farris.....Carthage
 Secretary, R. L. Casburn.....Carthage

List of Members.

Callahan, J. H., Carthage.
 †Casburn, R. L., Carthage.
 Denton, A. R., Elvaston.
 *Ellis, J. P., Augusta.
 Ferris, C. L., Carthage.
 Forney, C. S., Dallas.
 *Grigson, R. J., Augusta.
 Hart, Flint, West Point.
 Henry, James, La Harpe.
 James, J. A., Bentley.
 *Jenkins, J. T., Burnside.
 McClure, L. D., Adrian.
 McNeal, A. E., Bowen.
 Mott, Wm. G., Basco.
 Nice, D. D., Bowen.
 Prescott, Wm., Dallas.
 Reaburn, J. J., Denver.
 Runyon, C. A., Elvaston.
 Thornber, A. J., Powellton.
 Smith, W. K., La Harpe.

Jersey County Medical Society.

Officers.

President, J. S. Williams.....Jerseyville
 Vice President, J. Tidball.....Grafton
 Secretary, A. K. Van Horne.....Jerseyville

List of Members.

*Barnett, A. A., Jerseyville.
 Barry, E. L. H., Jerseyville.
 Erwin, A. D., Fidelity.
 Flauitt, J. A., Otterville.
 †Gledhill, H. R., Jerseyville.
 Park, Wesley, Grafton.
 Shobe, A. A., Jerseyville.
 Tidball, J., Grafton.
 Titterington, M. B., Jerseyville.
 *Van Horne, A. K., Jerseyville.
 *Waggoner, L. T., Otterville.
 Williams, J. S., Jerseyville.

Jo Daviess County Medical Society.

Meets Quarterly.

Officers.

President, H. T. Godfrey.....Galena
 Vice President, G. E. Miller.....Hanover
 Secretary, D. G. Smith.....Elizabeth
 Treasurer, T. J. Stafford.....Stockton

List of Members.

Bair, F. M., Benton, Wis.
 †*Bench, E. H., Galena.
 *Breckman, A. F., Warren.
 *Czibulka, A. C., Warren.
 *Eade, T. M., Stockton.
 *Eagan, J. C., Hanover.
 *Fowler, H. M., Scales Mound.
 †*Godfrey, H. T., Galena.
 *Gunn, H. F., Galena.
 *Hutton, Wm., Elizabeth.
 †*Keller, U. S. G., Warren.
 *Kreider, S. G., Lena.
 *Lewis, N. S., East Dubuque.
 †*Miller, G. E., Hanover.
 *Phillips, A. C., Apple River.
 *Sharp, J. M., Stockton.
 *Smith, D. G., Elizabeth.
 *Smith, I. C., Stockton.
 †*Smith, W. A., Galena.
 *Stafford, T. J., Stockton.
 Tyrrell, G. M., Stockton.
 *Wierick, A., Galena.
 *Wright, C. E., Scales Mound.

Kendall County Medical Society.

Meets Monthly.

Officers.

J. A. Freeman, Millington; President.
 Wm. M. Hanna, Lisbon; Vice-President.
 R. A. McClelland, Yorkville; Secretary and Treasurer.

List of Members.

Churchill, A. H., Oswego.
 *Cook, David, Plano.
 *Drew, T. B., Oswego.
 Evensen, H. O., Newark.
 *Freeman, J. A., Millington.
 Hanawalt, C. G., Lisbon.
 *Hanna, Wm. M., Lisbon.
 Kinnett, W. E., Yorkville.
 *McClelland, R. A., Yorkville.
 Martin, H. M., Lisbon.
 Moore, A. W., Bristol.
 Riggs, J. P., Plano.

Lake County Medical Society.

Meets First Thursday of Each Month.

Officers.

President, L. C. Bean.....Waukegan
 Vice President, W. C. Banton.....Waukegan
 Secretary and Treasurer, A. C. Haven.....
Lake Forest

List of Members.

Albucht, C. H., Waukegan.
 Ames, E. H., Antioch.
 Banton, W. C., Waukegan.

Bean, L. C., Waukegan.

†Bergen, L. M., Highland Park.

Brown, A. E., Waukegan.

Buckley, Jessie F., Waukegan.

†*Carter, J. M. G., Waukegan.

Foley, J. C., Waukegan.

Galloway, C. L., Libertyville.

Gavin, E. F., Waukegan.

†Haskin, H. S., Highland Park.

†Haven, A. C., Lake Forest.

Ingalls, F. M., Highland Park.

†Knight, F. C., Waukegan.

Maxson, O. P., Waukegan.

Parmenter, B. W., Lake Forest.

Pearce Beatrice, Waukegan.

Radcliffe, O. A., Waukegan.

Rickey, R. N., Grays Lake.

Roberts, N. J., Waukegan.

†Tombaugh, L. H., Waukegan.

*Taylor, J. L., Libertyville.

Taylor, T. B., Milburn.

Ward, E. P., Lake Forest.

†Waterson, W. H., North Chicago.

Wright, A. O., Waukegan.

Wright, Elva, Lake Forest.

Young, H. O. B., Gurnee.

LaSalle County Medical Society.

Meetings Held Annually, Third Tuesday in April.

Officers.

President, W. H. Frazier.....LaSalle
 Vice President, E. T. Goble.....Earlville
 Secretary, W. A. Pike.....Ottawa

List of Members.

*Bonar, B. L., Streator.

†*Bower, R. W., Sheridan.

Bower, G. S., Ransom.

Bronson, Geo., Streator.

*Burke, P. M., La Salle.

†*Burrows, T. W., Ottawa.

Chalfant, C. D., Streator.

Clune, P. J., Ottawa.

Cole, J. S., Peru.

Conley, D. S., Streator.

*Cook, Jr., E. P., Mendota.

†*Cook, E. P., Mendota.

Downey, B. J., Ottawa.

*Dicus, G. A., Streator.

†*Dicus, J. F., Streator.

†*Ensign, Wm. O., Rutland.

*Ferguson, H. M., Morris.

*Fogg, C. E., Wenona.

Frazer, W. H., La Salle.

†*Freeman, J. A., Millington.

Geen, J. S., Utica.

†*Goble, E. T., Earlville.

†Guthrie, F. A., La Salle.

*Hanna, Wm. McMinn, Lisbon.

*Hatheway, E. P., Ottawa.

Herzog, A. E., Ottawa.

Hoffman, J. R., Chicago.

Ives, A., Farm Ridge.

Leland, K. W., Utica.

Milligan, Ella F., Ottawa.

†*Pettit, J. W., Ottawa.

Pike, W. A., Ottawa.

*Provins, C. B., Ottawa.

†*Putney, W. G., Seneca.

Roberts, A. J., Ottawa.
 Shaw, A. M., Ottawa.
 Sibald, Geo., Seneca.
 *Smitz, Peter, Leonore.
 †Soule, C. E., Sheridan.
 *Sterret, W. S., Marseilles.
 Stout, J., Ottawa.
 Taylor, J. J., Streator.
 *Thompson, L., Utica.
 Thornton, N. M., Leland.
 Vosburg, D. M., Earlville.
 *Walsh, W. E., Morris.
 *Watts, E. L., Triumph.
 †*Weis, E. W., Ottawa.
 *Wilcox, G. G., Seneca.
 Wiley, F. A., Earlville.
 Zeising, H., Peru.

Livingston County Medical Society.

Meets First Thursday of May and November at Pontiac.

Officers.

President, J. J. Pearson.....Pontiac
 Vice President, Chas. L. Hamilton.....Dwight
 Secretary and Treasurer, John Ross....Pontiac

List of Members.

*Barnes, S. M., Fairbury.
 Ballard, H. F., Chenoa.
 Baker, John B., Pontiac.
 Bannister, T. O., Odell.
 Bradley, C. M., Cornell.
 Bromley, Cirilda M., Pontiac.
 Corroll, E. G., Graymont.
 Carson, Geo. F., Chatsworth.
 Coss, O. A., Saunemin.
 †*Crocker, F. L., Weston.
 *Daly, V. M., Pontiac.
 Fitzpatrick, E. H., Pontiac.
 Johnson, H. E., Fairbury.
 *Hamilton, Chas. L., Dwight.
 Jones, T. W., Cornell.
 *Lewis, G. C., Fairbury.
 †*Middleton A. B., Pontiac.
 †*Marshall, J. A., Pontiac.
 Ohls, H. G., Odell.
 Otis, N. M., Fairbury.
 Pearson, Norman, Pontiac.
 Pearson, J. J., Pontiac.
 *Ross, John, Pontiac.
 †*Rabe, W. L., Dwight.
 Stites, J. J., Pontiac.
 Talbott, C. W., Flanagan.
 Wisman, L. J., Pontiac.
 Zinn, J. W., Graymont.

Macoupin County Medical Society.

Meets Third Tuesday in April and October at Carlinville.

Officers.

President, J. Roscoe Ash.....Brighton
 Vice President, W. L. Penniman.....Shipman
 Secretary, J. P. Mathews.....Carlinville

List of Members.

†*Allen, C. A., Virden.
 Ash, John, Brighton.
 Ash, J. R., Brighton.

Barcus, J. M., Carlinville.
 *Bartlett, A. T., Virden.
 Bartlett, Will., St. Louis, Mo.
 †Barto, F. C., Plainville.
 *Barto, J. H., Waverly.
 *Bleuler, E. A., Carlinville.
 Charles, F. H., Shipman.
 †Collins, J. S., Carlinville.
 *Corr, A. C., East St. Louis.
 *Corr, L. H., Carlinville.
 †*Cowan, G. R., Girard.
 Cowan, R. S., Girard.
 Crouch, N. A., Chesterfield.
 †*Dalton, W. B., Scottsville.
 †*Denby, J. P., Carlinville.
 Dripps, C. T., Staunton.
 Faith, James, Palmyra.
 †*Fischer, C. J. C., Carlinville.
 Goble, H. W., Greenfield.
 *Horine, T. A., Brighton.
 †*Hill, G. E., Girard.
 *Hudson, Ben, Denver, Colo.
 Hunter, Joseph, Medora.
 Kincaid, W. L., Greenfield.
 *Kinkead, A. G., Greenfield.
 Lockwood, E. K., Virden.
 †*Matthews, J. P., Carlinville.
 *Matthews, J. Pitt, Carlinville.
 †*Mitchell, R. J., Girard.
 Murphy, C. H., Chesterfield.
 Penniman, W. L., Shipman.
 †Smith, C. E., Palmyra.
 †*Smith, H. W., Roodhouse.
 Trott, J. R., Virden.
 †Trout, W. A., Atwater.
 Tucker, W. G., Modesto.

Marshall County Medical Society.

Officers.

President, E. S. Everett.....Lacon
 Vice President, C. W. Shepherd.....La Rose
 Secretary, W. G. DuFour.....Henry
 Treasurer, H. C. Young.....Lawn Ridge

List of Members.

†*Boal, Robert, Lacon.
 Bradford, A. W., Sparland.
 DuFour, W. G., Henry.
 *Everett, E. S., Lacon.
 *Fogg, C. E., Wenona.
 †*Hendricks, S. O., Henry.
 Jones, W. H., Henry.
 Martin, B. A., Lacon.
 Menoher, J. A., Lawn Ridge.
 *Oliver, E. W., Wenona.
 Shepard, C. W., La Rose.
 Smith, I. N., Toluca.
 *Thompson, L. G., Lacon.
 Young, H. C., Lawn Ridge.

Massac County Medical Society.

Meets Second Tuesday of Each Month at Metropolis.

Officers.

President J. T. Willis.....Metropolis
 Vice President, G. A. Stewart.....Metropolis
 Secretary, C. E. Trovillion.....Metropolis
 Treasurer, A. C. Ragsdale.....Metropolis

List of Members.

Adkins, A. E., Metropolis.
 Crow, Jas. A., Azotus.
 Fisher, H. C., Metropolis.
 Glass, M. M., East St. Louis.
 †Helm, J. A., Metropolis.
 Miller, E. A., Metropolis.
 Mobly, A. T., New Columbia.
 Mozley, C. A., Brookport.
 Orr, J. A., Metropolis.
 †*Ragsdale, A. C., Metropolis.
 Rhoades, S. J., Beaver Dam, Ky.
 Skemwell, J. N., Barlow, Ky.
 Stewart, G. A., Metropolis.
 *Trovillion, C. E., Metropolis.
 Trovillion, M. H., Round Knob.
 Tucker, C. E., Joppa.
 †Walbright, G. W., Round Knob.
 Webb, Chenalt, Unionville.
 Willis, J. T., Metropolis.

Montgomery County Medical Society.**Officers.**

President, Wm. H. Cook.....Coffee
 Vice President, J. C. Wilson.....Donnellson
 Secretary and Treasurer, Jos. M. Trigg.....
Farmersville

List of Members.

*Blackwelder, J. F., Litchfield.
 *Blackwelder, F. C., Litchfield.
 Cary, A. B., Donnellson.
 *Clotfelter, G. A., Hillsboro.
 †*Cook, W. H., Coffee.
 *Douglas, W. N., Hillsboro.
 Edwards, W. A., Butler.
 Entrekin, F. M., Coffee.
 *Fink, J. W., Hillsboro.
 Fullerton, P. J., Irving.
 Haynes, B., Hurricane.
 Hauser, O., Walshville.
 Hoyt, J. M., Fillmore.
 Kelly, P. M., Litchfield.
 †Lockhart, C. H., Witt.
 Lyons, J. D., South Africa.
 *Moyer, M. L., Hillsboro.
 *Snell, M. W., Litchfield.
 †*Trigg, Joe M., Farmersville.
 Trueblood, G. B., Hurricane.
 †*Whitten, T. J., Nokomis.
 Wilson, J. C., Donnellson.

Morgan County Medical Society.

Meets Second Thursday of Each Month at
 Jacksonville.

Officers.

President, P. C., Thompson.....Jacksonville
 Vice President, David Reid.....Jacksonville
 Secretary, T. A. Wakely.....Jacksonville
 Treasurer, E. F. Baker.....Jacksonville

List of Members.

†*Adams, A. L., Jacksonville.
 *Allen, C. A., Virden.
 †*Baker, E. F., Jacksonville.
 Barber, J. L., Pittsfield.
 *Baxter, G. Edwin, Jacksonville.
 Baxter, G. E., Jacksonville.

†*Black, Carl E., Jacksonville.
 Black, G. V., Chicago, 147 42d Place.
 *Boone, H. B., Chandlerville.
 *Bowe, Edw., Jacksonville.
 Bradburn, B. P., Pearl.
 *Bradley, G. W., Waverly.
 Burkholder, C. E., Jacksonville.
 Burnham, A. F., Jacksonville.
 Byers, A. H., New Salem.
 Caldwell, J. C., Murrayville.
 *Campbell, H. C., Jacksonville.
 *Carriel, H. P., Jacksonville.
 †*Cole, W. C., Jacksonville.
 Corril, C. W., Merritt.
 Crane, W. W., Sinclair.
 *Crouch, E. L., Jacksonville.
 *Day, J. A., Winchester.
 Dinsmore, Virginia, Jacksonville.
 Fountain, J. H., Chapin.
 †*Franken, J. G., Chandlerville.
 Gailey, B. F., Jacksonville.
 †*Hairgrove, J. W., Jacksonville.
 *Hand, H. W., Whitehall.
 †*Harvey, L. J., Griggsville.
 †*Hughes, N. J., Waverly.
 *Humphrey, W. D., Virginia.
 Jones, H. K., Jacksonville.
 †*Main, R. H., Barry.
 Maness, W. G., Nortonville.
 †*McLaughlin, W. K., Jacksonville.
 Metcalf, F. H., Franklin.
 Miller, G. W., Woodson.
 †*Milligan, Josephine, Jacksonville.
 Nevill, Lois, Meredosia.
 †*Nevill, F. A., Meredosia.
 †*Norbury, F. P., Jacksonville.
 Parker, Wm., Mt. Sterling.
 Perkins, J. B., Franklin.
 †*Pitner, T. J., Jacksonville.
 †*Prather, J. E., Glasgow.
 Reid, D. W., Jacksonville.
 *Robbins, Jos., Jacksonville.
 †*Sharp, Annie McF., Jacksonville.
 †*Smith, H. W., Roodhouse.
 Spencer, J. H., Murrayville.
 *Thompson, P. C., Jacksonville.
 †*Vertrees, C. M., Murrayville.
 †Wakely, T. A., Jacksonville.
 Wharton, J. E., Jacksonville.

McDonough County Medical Society.

Meets First Thursday in January, April, July
 and October.

Officers.

President, J. P. Roark.....Bushnell
 First Vice President, H. Knappenberger....
Macomb
 Second Vice President, S. C. Stremmel..Macomb
 Secretary, J. B. Holmes.....Macomb

List of Members.

Ackley, N. B., Fandon.
 Adams, A. R., Macomb.
 Ash, John, La Harpe.
 †*Bacon, J. B., Macomb.
 Botts, J. A., Doddsville.
 Coplan, L. S., Colchester.
 Davis, Jethro, Sciota.

Decker, A. V., Colchester.
 †*Griggsby, W. E., Blandinsville.
 *Hendricks, W. W., Bardolph.
 Holmes, J. B., Macomb.
 †Hull, J. R., Good Hope.
 Jenkins, E. D., Macomb.
 †*Knappenberger, H., Macomb.
 †*Lewis, R. E., Macomb.
 Marrs, R. F., Sciota.
 Miner, Eliz. R., Macomb.
 McGaughey, T. W., Pennington Park.
 Pollock, A. D., Macomb.
 Pridmore, G. W., Industry.
 *Roark, J. P., Bushnell.
 Russell, S. J., Macomb.
 †*Stremmel, S. C., Macomb.

McLean County Medical Society.

Meets First Thursday in the Month. Annual Meeting and Election of Officers in April.

Officers.

President, Chas. E. Chapin.....Bloomington
 Vice President, W. R. Shinn.....Chenoa
 Secretary, F. C. Vandervort.....Bloomington
 Treasurer, E. S. Reedy.....Bloomington

List of Members.

*Allbright, A. C., Sibley.
 Ayling, C., Gridley.
 *Bane, S., Ellsworth.
 Banks, J. H., Atlanta.
 Bath, T. W., Normal.
 Beadles, C. H., Bloomington.
 Bonnett, J. Y., Bloomington.
 Carr, C. R., Bloomington.
 †*Chapin, C. E., Bloomington.
 *Chapin, H. S., Holder.
 Chapin, S. L., Saybrook.
 Chapman, A. L., Carlock.
 *Cody, J. M., Tremont.
 *Covey, J. E., Lexington.
 Covington, E. G., Bloomington.
 Cox, F. B., Farmer City.
 †*Crocker, F. L., Weston.
 *Douglas, D. T., Colfax.
 Elder, C. S., Chenoa.
 Elder, G. D., Bloomington.
 Elder, H. W., Bloomington.
 Elliott, J. N., Normal.
 Fenelon, J. H., Bloomington.
 Fox, A. L., Bloomington.
 †*Fulwiler, J. W., Bloomington.
 Godfrey, F. H., Bloomington.
 Goodheart, John, Lexington.
 *Gordon, R. E., El Paso.
 †*Guthrie, W. E., Bloomington.
 Haig, John, Le Roy.
 Hawks, Joseph, Bloomington.
 *Hayward, C. E., Cropsy.
 †Haering, O., Bloomington.
 Henton, A. F., Bloomington.
 *Hill, Wm., Bloomington.
 †Holderness, E. P. G., Chenoa.
 Horn, W. L., Arrowsmith.
 †*Hull, M. D., Bloomington.
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 Keys, T. W., Le Roy.

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Pike County Medical Society.

Meets Bi-Monthly.

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 †*Main, R. H., Barry.
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 Peacock, S. B., Bayliss.
 Rainwater, J. H., New Canton.
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 †Scott, J. D., Time.
 Shastid, T. W., Pittsfield.
 Shastid, W. E., Pittsfield.
 Smith, R. O., Pittsfield.
 Sykes, Jas., Beverly.
 Taylor, J. C., moved to Missouri.

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 Vice President, J. F. Morgan.....Mound City
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 Mathis, Sr., J. B., Mound City.
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 *Robinson, L. F., Ullin.
 Royall, B. A., Villa Ridge.
 Tarr, A. W., Grand Chain.
 Whitaker, Hall, Mound City.
 Whitaker, W. J., Olmstead.
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 Beal, A. R., Moline.
 †*Beam, W. O., Moline.
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 †*Carter, C. C., Rock Island.
 †*Comegys, J. P., Rock Island.
 †*Craig, G. G., Sr., Rock Island.
 *Dunn, L. D., Moline.
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 *Foster, C. T., Rock Island.
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 *Hall, S. B., Rock Island.
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 †*Montgomery, Alix B., Reynolds.
 *Morgan, J. W., Moline.

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 Song, J. H., Watertown.
 †*Swensen, J. G., Moline.
 West, Arthur, Moline.
 Whiteside, C. E., Moline.
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Sangamon County Medical Society.

Meets Monthly on Second Monday at Springfield.

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 Vice President, Margt. T. Shutt.....Springfield
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 †*Hagler, E. E., Springfield.
 *Hill, H. C., Springfield.
 *Hill, Mat. M., Springfield.
 *Hole, B. W., Tallula.
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 *Hopkins, S. R., Springfield.
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 *Kelly, M. T., Springfield.
 *Kerr, Chas., Springfield.
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 *Ryan, Walter, Springfield.
 †*Shutt, Margaret, Springfield.

*Southwick, Geo., Beamington.
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 †*Taylor, A. D., Springfield.
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 †*Taylor, L. C., Springfield.
 *Taylor, Percy, Springfield.
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 Turley, F. C., Springfield.
 *Utley, J. H., Springfield.
 Vernon, G. H., Farmingdale.
 Walsh, E. A., Springfield.
 Walters, C. H., Springfield.
 *Young, W. A., Springfield.

St. Clair County Medical Society.

Meets Monthly.

Officers.

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 Vice President, J. O. DeCourcy.....Belleville
 Secretary, B. Portuondo.....Belleville
 Corresponding Secretary, A. Hansing,..Belleville
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 Close, J. A., St. Louis, Mo.
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 †De Haan, H. J., East St. Louis.
 Doyle, M. R., East St. Louis.
 †*Fairbrother, H. C., East St. Louis.
 Foulon, J. J., French Village.
 *Fulgham, J. H., Lebanon.
 Grimes, A.
 Gunn, A. B., Belleville.
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 Hansing, A., Belleville.
 Hanson, H., East St. Louis.
 Herold, Hugo, Mascoutah.
 Hertel, E. G.
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Stephenson County Medical Society.

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 Haughey, John, Rock City.
 Hoag, E. J., Ridott.
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 †*Hutchins, Linda K., Orangeville.
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 †*Rideout, W. J., Freeport.
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 †*Salter, Allen, Lena.
 Saucerman, J. W., Winslow.
 Sheetz, C. R., Freeport.
 †*Stealey, J. H., Freeport.
 *Stees, M. J., Freeport.
 †Stiver, R. J., Lena.
 Stiver, W. B., Freeport.
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 Torey, E. J., Freeport.
 †Waggoner, Thos. H., Freeport.
 †Wilson, A. A., Davis.

Union County Medical Society.

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 Vice President, A. J. Leyerle.....Jonesboro
 Secretary, T. Lee Agnew.....Anna
 Treasurer, D. W. Greer.....Jonesboro

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 Chatham, J. R., Mill Creek.
 Crain, L. F., Dongola.
 Crain, Mattie, Dongola.
 Dodds, F. S., Anna.

Dodds, Sam, Anna.
 Earnhart, E. G., Dongola.
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 †Goodman, T. B., Cobden.
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 *Hale, J. L., Anna.
 Hale, E. V., Anna.
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 †Martin, S. C., Anna.
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Vermilion County Medical Society.

Meets Monthly, Second Friday Evening, Danville.

Officers.

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 Vice President, B. Taylor.....Westville
 Secretary, E. E. Clark.....Danville

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 †Barton, P. H., Danville.
 Becker, H. F., Danville.
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 *Brown, Walter, Danville.
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 *Clinch, J. H. M., Danville.
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 Cloyd, J. P., Georgetown.
 Cloyd, R. A., Catlin.
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 *Dixon, W. E., Sidel.
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 Finley, J. L., Collison.
 Fletcher, M. D., Ridge Farm.
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 *Jones, Leroy, Hoopston.
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Poland, B. L., Danville.
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 Post, G. H., Fithian.
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 Regan, Theo., State Line.
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 Vawters, F. L.
 Walton, T. E., Danville.
 *White, A. P., Danville.
 Wilson, S. R.
 Worthington, R. R., Indianola.
 Wright, J. W., Fairmount.

Wabash County Medical Society.

Meets Monthly.

Officers.

President, W. Leeds.....Bellmont
 Secretary, J. B. Maxwell.....Mt. Carmel

List of Members.

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 Buckholz, Dr., Keensburg.
 Craig, C. C., Patton.
 Friend, Wm., Lancaster.
 †*Friend, Wm., Jr., Summer.
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 Gilliatt, C. E., Allendale.
 Kingsbury, G. C., Mt. Carmel.
 *Leeds, H. M., Allendale.
 *Leeds, N., Belmont.
 Lescher, L. J., Mt. Carmel.
 Lovelette, Harry, Keensburg.
 †*Manley, P. G., Mt. Carmel.
 *Maxwell, J. B., Mt. Carmel.
 †McIntosh, J., Allendale.
 *McMurray, R. J., Linn.
 Moon, W. B., Belmont.
 †*Schneck, J., Mt. Carmel.
 Schneck, S. W., Mt. Carmel.
 Trego, J. D., Belmont.
 Utter, J. C., Mt. Carmel.

Warren County Medical Society.

Meets Semi-Annually.

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 Secretary, A. R. Nichol.....Monmouth

List of Members.

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 *Graham, A. R., Little York.
 Griffith, B. A., Swan Creek.
 *Holliday, W. S., Monmouth.
 †*Kilgore, J. C., Monmouth.
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 *McClanahan, J. M., Kirkwood.
 *McCutcheon, J. F., Alexis.
 Nichol, A. R., Monmouth.
 *Patton, A. G., Monmouth.
 †*Sherrick C., Monmouth.
 †*Skinner, C. A., Monmouth.

†*Standley, E. B., Alexis.
 *Standley, J. N., Alexis.
 †*Wallace, F. E., Monmouth.
 †*Wells, W. H., Monmouth.

Will County Medical Society.

Meets Second Tuesday of Each Month.

Officers.

President, Thos. H. Wagner.....Joliet
 Vice President, Watson H. Curtis..Wilmington
 Secretary and Treasurer, H. S. Worthley..Joliet

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 †*Brannon, L., Joliet.
 Casey, J. R., Joliet.
 Clyne, J. A., Joliet.
 Curtis, Watson H., Wilmington.
 Cushing, M. W., Joliet.
 †*Dougall, Wm., Joliet.
 †Flexer, J. R., Joliet.
 Folk, J. W., Joliet.
 †Frederick, L. J., Joliet.
 Haas, Emil, Frankford Station.
 Hanson, F., Braceville.
 †*Henry, R. H., Peotone.
 †*Jump, D. W., Plainfield.
 *Kahn, Chas., Joliet.
 †*Kelly, M. W., Joliet.
 †*Le Sage, P., Joliet.
 *McGuffin, W. R., Joliet.
 Nelson, G. T., Morris.
 O'Shay, F. T., Braidwood.
 *Patterson, H. A., Joliet.
 *Peairs, G. M., Joliet.
 Raynor, G. C., Joliet.
 †*Richards, Wm., Joliet.
 †*Rulien, P. G., Joliet.
 *Shuessler, H. G., Joliet.
 Searles, F. W., Joliet.
 Stephens, H., Joliet.
 Stewart, W. B., Joliet.
 Wagner, T. H., Joliet.
 †*Werner, F. W., Joliet.
 †Willard, E. R., Wilmington.
 *Williamson, M. F., Joliet.
 †*Woodruff, H. W., Joliet.
 *Worthley, H. S., Joliet.

White County Medical Society.

Meets Second Thursday in January, April, July
 and October.

Officers.

President, V. H. Parker.....Carmi
 First Vice President, J. N. Hopkins. Burnt Prairie
 Second Vice President, I. A. Foster.....Herald
 Secretary and Treasurer, W. A. Steele...Carmi

List of Members.

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 Boyer, Jas. A., Brownsville.
 Burdick, L. C., Greyville.
 †Crebs, B. S., Carmi.
 Floyd, T. W., Greyville.
 *Foster, I. A., Herald.
 Funkhouser, R. M., Burnt Prairie.

†*Hopkins, J. N., Burnt Prairie.
 Lehman, J. L., Carmi.
 Legier, J. T., Carmi.
 Lemmon, R. B., Norris City.
 Long, Felix, Enfield.
 Mayhew, R. A., Carmi.
 McIntire, J. E., Springerton.
 Neal, E. G., Enfield.
 Parker, V. H., Carmi.
 Puntney, C. W., School.
 Smith, J. R., Carmi.
 Staley Clinton, Philipstown.
 Steele, W. A., Carmi.
 Wakeford, Chas., Carmi.
 Wiley, F. W., Emma.

Winnebago County Medical Society.

Meets Monthly.

Officers.

President, T. N. Miller.....Rockford
 Secretary, J. H. Frost.....Rockford

List of Members.

†*Allaben, J. E., Rockford.
 †Anderson, B. C., Rockford.
 †*Andrus, S. C., Rockford.
 †Calkins, F. W., Rockford.
 †Catlin, E. P., Rockford.
 *Catlin, Sanford R., Rockford.
 †Clark, E. J., Winnebago.
 Commings, A. F., Rockford.
 Coy, R. E., Rockford.
 Culhane T. H., Rockford.
 Eakin, A. C., Shirland.
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 †*Fringer, W. R., Rockford.
 Frost, J. H., Rockford.
 *Gillette, P. F., Elgin.
 †*Green, Albert, Rockford.
 †*Haines, G. M., Durand.
 Helm, Clinton, Rockford.
 †Helm, W. B., Rockford.
 Henderson, G. S., Halcomb.
 †Johnston, J. A., Byron.
 Kimball, F. H., Rockford.
 Kinder, R. W., Rockford.
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 †Miller, T. N., Rockford.
 Moyer, C. W., Rockford.
 Ochsner, E. E., Rockford.
 Park, W. E., Cherry Valley.
 †Penniman, D. B., Argyle.
 †Ransom, P. W., Rockford.
 †*Richings, Henry, Rockford.
 Rohr, G. W., Rockford.
 †Romig, S. V., Rockford.
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 Scott, C. R., Belvidere.
 Stalker, H. A., Durand.
 †*Starke, C. V., Rockford.
 Sutherland, Chas., Rockton.
 †Tibbets, L., Rockford.
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 Williams, R. D., Rockford.
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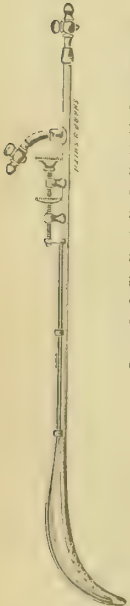
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Printed by
THE ILLINOIS STATE JOURNAL COMPANY.

Entered in the Springfield Postoffice as Second-Class Matter.

Volume LI.
New Series, Vol. III. }
Number 11.

Springfield, Ill., April, 1902.

{ Subscription, \$3 a Year.
{ Single Copies, 25 Cents.

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VOL. LI.
New Series, Vol. III. {
No. 11.

Springfield, Ill., April, 1902.

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LYMPHATIC LEUKEMIA.*

BY JAMES B. HERRICK, M. D., CHICAGO.

By leukemia is meant a diseased condition in which there is an increase in the mononuclear white blood corpuscles with certain fairly constant changes in the blood-making organs, the bone-marrow, spleen and lymphatic structures. The disease, so far as is known, invariably ends in death. It is to be clearly distinguished from the transitory increase in the polynuclear leucocytes, commonly called leucocytosis. A distinction is generally made between the leukemia known as the myeloid or spleno-myelogenic leukemia and the lymphatic. There is present in the blood in the one case a goodly number of myelocytes having their origin in the bone-marrow, while in the other the increase is entirely in the lymphocytes, that have their origin largely in the lymph glands, but as well in the marrow and in other lymphadenoid structures. This distinction, it will be noticed, is largely based upon the blood-findings though certain pathological conditions also seem to justify this distinction, yet, no clear etiological basis for such differentiation exists.

The lymphatic leukemia is clinically subdivided into the acute and chronic varieties. It is of lymphatic leukemia that I would speak briefly and from the standpoint of a clinical experience with seven cases, rather than to make any attempt to go into a discussion of the hypotheses concerning the nature and origin of leukemia in general and lymphatic leukemia in particular.

The acute variety has impressed all observers by its resemblance to an infection. While organisms have been found in the blood during life and post-mortem, the sus-

picion has always existed that those organisms have entered secondarily. The numerous breaks in the skin and mucous membranes afford easy access for such secondary infection. In two of my cases I have seen secondary or terminal infection, in one case recovering the organism, a streptococcus, from the blood and in the other from an abscess in the neck.

The history of most cases is that of a rapidly progressive anemia, with a widespread tendency to hemorrhage, seen in the petechiae and ecchymoses visible under the mucous membranes and skin and showing, at times, in epistaxis, from the bleeding gums, hemoptysis, hematuria, etc. Fever may be slight, quite sharp, remittent or intermittent. There is great debility and later the prostration and mental condition may resemble the typhoid state, so-called. There is a uniform enlargement of most of the palpable lymphatic glands. The spleen is also enlarged often reaching two or three fingers breadth below the costal arch.

The blood findings in these cases show great reduction in the number of red blood corpuscles, counts as low as 1,000,000 or less being recorded. The red corpuscles show some poikilocytosis with some variations in size, nucleated red blood corpuscles are met with, though by no means as frequently as in the myeloid leukemia. The striking change is seen in the white corpuscles. There is found to be an absolute and a relative increase in the lymphocytes. The count as a rule hovers in the neighborhood of 100,000, though much higher counts are e. g. one of Cabot's cases with 1,480,000. And typical cases of acute lymphatic leukemia are on record in which the blood-count has not been higher than 20,000 or 30,000. It is not then so much the absolute increase in the lymphocytes that is the striking feature

*Read by title at the Peoria Meeting and not discussed.

as it is their relative increase. Instead of making up from 15 to 30 per cent. of the white corpuscles, they are found to constitute from 90 to 99 per cent. They vary in size from the small heavily staining lymphocyte of about the size of a red blood corpuscle to those that are twice or three times this size. These latter larger forms commonly prevail in acute lymphatic leukemia. As a rule, the larger the form, the less clearly defined and less easily stained is the nucleus, and it may, as well as the protoplasm, show all varieties of shape, size, staining properties which changes are believed to be largely degenerative although opinions differ regarding the explanation of these peculiar appearances. The polymorphonuclear leucocytes and the eosinophiles are conspicuous by their absence. Often-times, together, they do not make up more than 2 per cent. of the total number of leucocytes. It would appear from the blood specimens as though the lymphocytes had crowded out all other varieties and this same impression is conveyed, when one examines the bone-marrow. Neumann called attention to the fact that in the bone-marrow of cases of lymphatic leukemia, the "lymphadenoid marrow" the lymphocytes seemed to have pushed out nearly all other varieties of white cells, as well as most of the nucleated red blood corpuscles.

These cases invariably terminate in death, no authentic case of recovery having been recorded. The duration is from a few days to three or four months. The resemblance to an infection is made more striking by the history that many patients give of an initial sore throat with perhaps chills, malaise, and fever following. The tonsils are commonly enlarged, may be somewhat hemorrhagic and are often covered with an exudate. The patient breathing through the mouth with his bleeding gums and the exudate on the tonsils soon gives forth a most offensive odor with the breath. At first on seeing a patient pallid or ashy-hued, with enlarged glands at the angle of the jaws, with temperature, with fetor ex ore and with tonsils covered

with a greyish-whitish exudate, one might readily suspect that he was dealing with a case of diphtheria. The bacteriological examination, the general glandular enlargement, the examination of the blood and the subsequent history, of course, clears up this diagnosis. The bleeding gums somewhat resemble scurvy and the purpuric manifestations make one think of the various varieties of purpura. The pronounced anemia with the blood findings and the glandular enlargement clear up this diagnosis.

Five cases of acute lymphatic leukemia have come under my personal observation and I present herewith brief abstracts of these cases. The first case I saw with Dr. H. Milton Ferguson in 1895, a man with typical history as to onset, with sore throat, tonsillar exudate, fever, glandular enlargements, palpable spleen, hemorrhages and the characteristic blood findings. In his case there were numerous nucleated red corpuscles and a preponderance of the smaller forms of lymphocytes.

The second case I saw in the Cook County Hospital, in January, 1897. This case began with ordinary sore throat, later swelling of the neck, general glandular enlargement, splenic enlargement, extreme pallor, bleeding gums, retinal, submucous and subcutaneous hemorrhages, ulcers in the mouth, fetor ex ore and tenderness over the upper sternum. The blood count showed 1,000,000 red blood corpuscles, 60,000 white blood cells. A terminal infection with the streptococcus was proven by blood obtained immediately post-mortem from the heart. The differential count in this case showed mononuclear forms of all kinds, 98.9 per cent.; polymorphonuclear forms nine-tenths of one per cent.; the eosinophiles two-tenths of one per cent. and 1800 nucleated red corpuscles to the cubic millimeter. In this case also the smaller lymphocytes predominated.

The third case came into my ward in the Cook County Hospital in January, 1898, with a history that nine weeks before bleeding of the gums had been noticed. This

continued for some seven or eight days and then there was improvement. One week later there appeared swelling at the side of the neck and difficulty in swallowing on account of pain; epistaxis, weakness, and dyspnoea. The patient's skin was covered with purpuric spots; the mucous membranes showed marked anemia. The sternum was tender. A hemic murmur was heard over the heart. The spleen was palpable two fingers below the costal arch; cervical, submaxillary, axillary, suboccipital and inguinal glands markedly enlarged. Temperature was slightly elevated. Mouth showed bleeding gums and a fetid odor. The red blood corpuscles were 2,096,000 to the cubic millimeter. These corpuscles were very little altered from the normal either in size, color, or shape. In the fresh specimen it was very plainly to be seen that the white corpuscles were unusually abundant, the majority being about the size of the red corpuscle or a trifle larger. Occasionally very large forms were seen and the nuclei could be made out.

The white corpuscles, two counts being made, averaged 280,000 to the cubic millimeter. The patient died rather unexpectedly on the third day after admission with Cheyne-Stokes respiration and unequal pupils. No autopsy was permitted. The suspicion of some cerebral complication, such as a hemorrhage, was very strong.

The fourth case was one seen at Elgin in consultation with Dr. Burlingame. It was a young man who, after several days and weeks of malaise, took to his bed with temperature, swelling of the glands, tonsils swollen and covered with an exudate, petechial spots, bleeding gums, palpable spleen, retinal hemorrhages. His illness lasted some ten or twelve weeks altogether. The blood findings were typical in stained specimens although no count was made.

The fifth case came under my care in February of this year in the County Hospital. It was a young man, 16 years of age, who, three weeks before entering the hospital, had noticed some small lumps on the

side of his neck. They were painless, continued to increase in size, but did not seem to him to affect his general health in any way. Ten days later he noticed that his legs began to swell and at this time he was so weak that he was obliged to quit work. He had little disturbance in appetite, his bowels were regular. For the last four or five mornings on awakening he found his mouth full of thick blood. This he had not coughed or vomited. Its origin was the bleeding gums. The patient stated that he had recently passed some blood at stool; he had no hemorrhoids. No previous illness or hereditary taint that could possibly have any bearing on the case was found. He was not an alcoholic. He was a large well-built boy, fairly nourished, very pale, with poorly-shaped and poorly-preserved teeth, bleeding gums and a foul odor from the mouth. On either side of the neck, just below and behind the angle of the jaw, was a distinct swelling which was found to be made up of numerous enlarged glands. A string of glands extended downward from this larger mass toward the clavicle, the glands varying in size from an almond to a pea. In the axillae and groins the glands were felt to be enlarged; the thyroid was enlarged; the heart showed a hemic murmur and there was signs of fluid in the pleural cavities. The liver was palpable, three fingers below the costal arch. The spleen was also distinctly enlarged. Some free fluid could be made out in the peritoneal cavity. The scrotum and the legs were edematous. His general condition rapidly grew worse. Subcutaneous hemorrhages were noted in various parts of the body; areas of fresh hemorrhage were made out in either retina. The boy continued to grow weaker, there was complaint of more pain in the right side of the neck, new ecchymotic areas appeared in various parts of the body. Six days after admission he was evidently much worse. There was more edema of the face and neck and the temperature that previously had not passed 100.5° now rose rather suddenly to 105° in the axilla. The swelling on the side of the neck became

more edematous and three days later a dram of watery, bloody pus was evacuated with a scalpel. This contained streptococci. The patient grew delirious, the pulse became more rapid as also did the respiration, the latter for the last 24 hours averaging over 60. Rales and other evidences of broncho pneumonia were found in the chest and death occurred 12 days after admission.

The blood findings in the case, as the result of several examinations, showed of the small lymphocytes 50 per cent., large lymphocytes 41 per cent., myelocytes 3 per cent., polynuclear neutrophiles 2 per cent., eosinophiles, 5 per cent. In counting 100 white corpuscles 1.5 nucleated reds were found. On admission, the white corpuscles were 86,440; the red blood corpuscles 2,400,000. Six days later the white blood corpuscles had increased to 336,000, a duplicate count being made. The following day two counts were made showing white blood corpuscles 448,000, red 2,500,000. Of the influence of the intercurrent infection on the blood count I will not speak at present. All of the five cases of acute leukemia were males none older than 30, none younger than 16.

Chronic lymphatic leukemia can be distinguished from pseudo-leukemia or Hodgkin's disease solely by the blood count. As a rule it begins insidiously, with swelling of the glands about the angle of the jaw. Later the axillary inguinal and palpable glands become enlarged and the physical signs often revealing mediastinal masses as well. The spleen is palpable and may be colossal in size. General asthenia becomes more and more marked. Pressure-symptoms, such as difficulty in swallowing and breathing, obstruction to the circulation and pain from pressure on the nerves may be marked. Alimentary disturbances are occasionally seen. Death occurs after many months or a few years from progressive asthenia and cachexia, from mechanical pressure-complications or not infrequently from some intercurrent disease such as pneumonia, erysipelas or tuberculosis. This description fits as perfectly

pseudo-leukemia or Hodgkin's disease as it does the lymphatic leukemia.

The blood examination, however, is entirely different in the two conditions. In the lymphatic leukemia there is found to be an increase in the lymphocytes both absolute and relative, the smaller forms commonly predominating. There is not the same reduction in the number of red cells as in the acute variety, but there is the same poverty in polynuclear neutrophiles, and in the eosinophiles.

Two such cases have been under my observation. The one a man of 42 years of age., referred to me by Dr. Reuben Peterson, and observed for a few days in the Presbyterian Hospital. Twenty years before he had acquired syphilis, but he had no illness from that time until the spring of 1900. In April, 1900, a swelling appeared under the chin about the size of a hen's egg. In the course of two weeks it disappeared, but another swelling made its appearance in the posterior cervical region and then in rapid succession swollen glands showed at both angles of the jaw, at the elbow and in the axillary and inguinal regions. These swellings seemed to vary in size from time to time. A cough then set in together with difficulty in breathing, blurring of vision, deafness and great weakness. Two glands were at different times removed in other hospitals and he was told by one man that the glands showed syphilis, by another that they were tuberculosis. A gland removed in the Presbyterian Hospital showed simple hyperplasia, slight reticulum masses of cellular elements.

The patient was fairly well nourished. There was universal glandular enlargement and he had marked substernal dulness of irregular outline seeming to indicate tumor masses in this locality. He had great difficulty in breathing particularly in the recumbent posture; numerous piping, whistling rales throughout the chest. The spleen and liver were both palpable; urine negative; temperature normal.

The blood showed 3,066,000 red blood corpuscles and 256,000 white blood corpus-

cles; hemoglobin 44 per cent. A second count was practically identical with the first. Several nucleated red blood corpuscles were found of the normo-blastic type. The smaller variety of lymphocytes made up about 30 per cent. of all the lymphocytes present. The larger varieties were in excess. Altogether these mononuclear forms made up about 95 per cent. of the total white blood cells.

The patient disappeared from observation. The last report I had was that he was growing weaker and had nearly died one night from an attack of difficulty in breathing.

The second case of chronic lymphatic leukemia was that of a Swede 60 years of age. Eight months before he had noticed a swelling on the right side of his neck which had gradually grown larger and became very painful. For this trouble he had entered the Cook County Hospital five months before. A piece of the tumor mass had been removed and it had been pronounced a carcinoma of the jaw and neck and declared inoperable. When he came under my observation in October, 1900, this mass was nearly as large as a fist, growing over the teeth and firmly attached to the skin and the bone. There was fetor ex ore and great difficulty in movement of the jaw. The patient was weak, emaciated and cachectic. The general glandular enlargement that was noticed was thought, possibly, to be due to secondary involvement of the glands of unusual extent, as the glands in the opposite side of the neck were involved also the axillary and the inguinal glands. One of these glands, which was removed for microscopical examination showed simply hyperplasia with nothing resembling a carcinoma. The blood count showed the typical findings of a chronic lymphatic leukemia; red blood corpuscles, 3,640,000; white corpuscles, 246,000. The specimen obtained five months before was hunted up and found to be a typical carcinoma. On the fourth of December I made a record that the liver was 1 1-2 inches below the costal arch, the mass in the right side of the neck as large as a fist. In-

guinal glands the size of a walnut; rales were heard at the base of both lungs; spleen just barely palpable. The blood count made on the 10th of December, showed the red blood corpuscles 3,600,000 and white blood corpuscles, 210,000 of which the small lymphocytes made up 98 per cent. A very few polymorphonuclear neutrophils, a few eosinophiles and a few transitional cells and large lymphocytes made up the balance. On the 18th of January practically the same differential count was made although the reds had diminished to 3,000,000 and the white blood corpuscles to 150,000. On the 24th the patient died. The autopsy confirmed the diagnosis of carcinoma of the neck and it revealed general lymphatic enlargement and old tuberculosis of the right apex. The spleen was enlarged and the marrow of the femur showed red. This case is certainly one of unusual interest showing as it did the combination of carcinoma and lymphatic leukemia.

The conclusions which one reaches from an experience of this kind is that lymphatic leukemia is perhaps not as rare as it is generally supposed, and that the more carefully the blood is examined, the oftener will some of the cases of supposed pseudo-leukemia be found to be genuine lymphatic leukemia. Here it may be stated that it is a well-known fact that in many pseudo-leukemias a slight relative increase in lymphocytes is met with and at times a sudden transformation of the blood—findings take place, the blood being flooded with lymphocytes. That is the so-called transformation of the pseudo-leukemia into the true lymphatic leukemia. So closely related are these two conditions that many authors, as for instance, Pinkus in his recent monograph on the subject takes the ground that there is practically no sharp dividing-line between the two conditions and that many transitional forms of the disease are met with.

Again one reaches a conclusion that possibly some of the severe anemias and some cases classed as scurvy and as purpura may really be cases in which there are acute

leukemic blood findings. A most interesting case of this kind has recently been reported from Leube's clinic in which a rapidly fatal anemia in a child had all the blood findings of a lymphatic leukemia except in so far as the absolute increase in lymphocytes is concerned.

Again, one gets the impression that these cases of acute leukemia are acute infections or virulent toxemias. Certainly the clinical picture presented is very different from that of the chronic variety of either the myeloid or lymphatic type, so different, in fact, that one's suspicions are aroused that possibly the two diseases may be of an entirely different nature. The cases I have had have shown one or two peculiarities that are perhaps worth mentioning. One of them I have already referred to. That is the combination of carcinoma and lymphatic leukemia in the same patient. Another is the fact that in several of these cases nucleated red blood corpuscles were quite abundant. Still another is that in some of my acute cases, the smaller variety of lymphocytes had been very abundant and in one of the cases of a chronic type, the larger variety of lymphocytes has been present in excess. Myelocytes in one case were fairly numerous, up to three per cent., a somewhat higher count than is common. This, perhaps raises the question do we have mixed forms of leukemia i. e. a myeloid-lymphatic type of the disease. But into this and many other interesting points I refrain from entering at present, being content to present merely some of the more striking features, of these cases.

I ought to add that treatment is wholly symptomatic, arsenic, particularly in the chronic form being the only drug that has any recognized influence and this being wholly transitory.

ANNUAL MEETING.

Arrange to attend the annual sessions at Quincy. Preliminary meeting Monday, May 19. Scientific program on Tuesday, Wednesday and Thursday.

THREE POINTS IN THE TREATMENT OF THE DEFORMITIES OF INFANTILE PARALYSIS.*

BY JOHN LINCOLN PORTER, M. D., CHICAGO.
Professor of Orthopedic Surgery, College of Physicians
and Surgeons, University of Illinois.

Instead of following the synopsis of this paper as outlined in the program and discussing the pathology and operative technic of these conditions, I shall confine myself to a few words on the treatment of the deformities of infantile paralysis. It is not because I have any new ideas to offer that I am induced to take up this subject, but because certain small details, so often overlooked or forgotten in the management of these cases, are worthy of more careful attention, and because the sufferer from infantile paralysis is entitled to the benefit of every therapeutic measure that can possibly improve his condition. And at this time, as a further preface to what I shall say about treatment, permit me to add that every case of infantile paralysis is sure to result in some deformity sooner or later, and that the chief factors in the production of these deformities are the atrophy and loss of power of the paralyzed muscles and the consequent contraction and shortening of the active and unopposed muscles. Bearing in mind these facts, I wish to emphasize three points in the treatment of these deformities.

The most efficient treatment of the deformities resulting from infantile paralysis is the preventive treatment. Infantile paralysis is the cause of about 35 per cent. of the deformities of the lower extremities that come to the orthopedic clinics. In a very large part, if not all, of these cases the deformity could have been prevented if treatment had been begun earlier. Rarely does a case come to the attention of the surgeon until the contractures and deformities are marked. I think I am safe in saying that I have never seen a case of infantile paralysis within six months of the acute attack; usually it has been years afterward. Treatment should be begun as soon

*Read by title at the Meeting of the Illinois State Medical Society, Peoria 1901.

as the extent of the paralysis is well defined, for we can then predict almost definitely what the resulting deformity will be. The parents do not realize this because their whole concern at that time is with the paralysis and their thoughts are occupied with trying to find something, medicine, electricity, massage, that will bring back the power in the afflicted limb. We know that to a certain extent that power will never be recovered and, further, we know that contractures of those muscles that are unaffected, and consequent distortions of greater or less extent, are sure to take place. The family should be made to realize this. After recovery is complete and all has been done that can be done to improve the tone of the muscles that are spared, they should be told that, so far as the paralysis is concerned, the account is closed, and, if they wish to make the best possible use of the limb and prevent more trouble in the

with burdens that come on slowly so that the individual becomes accustomed to them, when the same burden developing suddenly would seem intolerable. So in these cases of deformity which develop gradually the child becomes accustomed to the disability, and the parents, having accepted the fact that the paralysis is incurable, naturally conclude, unless they have been warned, that the resulting deformity is unavoidable.

A boy, eighteen years old, was recently sent to me for scoliosis. As he came into my office, I noticed that he walked with a limp that was not accounted for by any scoliosis. On undressing him, I found a severe, rigid, right dorsal-left lumbar curvature of the spine, and, in addition, the left leg was partly paralyzed and two and one-half inches shorter than the right. The short leg was the sole cause of the lateral curvature. The paralysis had occurred at four years of age and had affected nearly the whole leg, but enough muscles were spared to allow him to walk without support and contractures were not severe. He had gone without treatment until he was twelve years old, when the spinal curvature became so marked that the parents began to get ready to do something. He went through various hands for the next six years, including the Kirksville School of Osteopathy, where he boarded for several months to get the benefit of being at the fountain-head. When he came to me his mother said he was worse than ever. Inquiry brought out the fact that no one had ever suggested lifting the shortened leg. They said the doctors had never paid much attention to that leg because they said it was incurable. I assured them that the spinal trouble was also incurable, but that I believed the lad could be much improved by simply wearing a high shoe. This was done and the improvement was so marked that I was encouraged to attempt treatment of the spine and eventually increased the improvement already gained. Had the boy begun twelve years before wearing a high shoe to compensate for the gradual shortening, the spinal curvature would never have developed. This brings me to the second point that I want to emphasize.

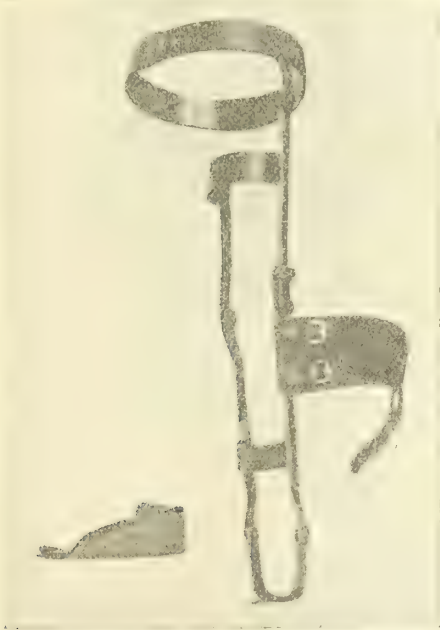


FIG. 1. Showing the brace in the rough before being leather covered and nickled; the joint at the knee is unlocked. A foot-plate used in cases of varus and worn inside the shoe is also shown.

future in the shape of deformities, they must take steps at once to do so.

Human nature is very prone to put up

Every case of infantile paralytic deformity, however, slight or severe, can be improved to some extent by appropriate treatment. That treatment may be anything from adjusting a simple ankle-brace to correcting clubfoot, to an extensive tendon transplantation or to the production of an artificial ankylosis of a joint. We are all familiar with the condition in which the anterior muscles of the thigh and leg are affected but those of the calf are spared. As a result the patient walks awkwardly, throwing the leg forward by the aid of the

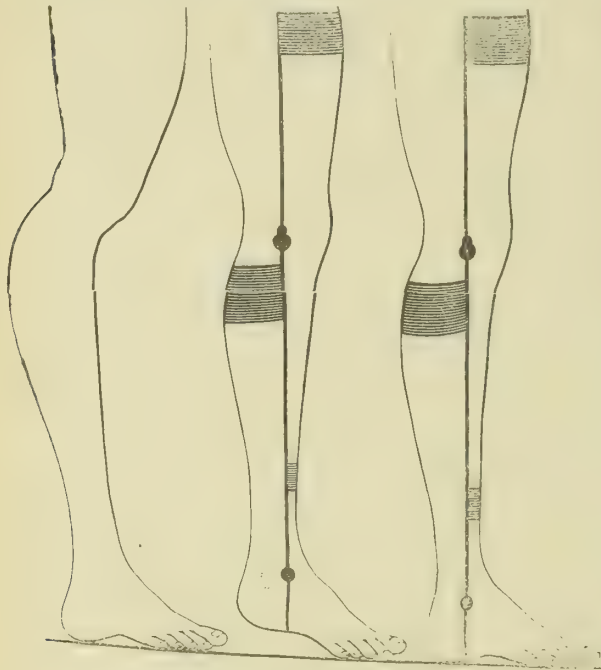


FIG. 2. Showing mechanical effect of brace and tenotomy in the condition described. (Adapted from E. Noble Smith.)

ilio-psoas muscle and bringing the foot down flat on the floor and fixing the knee by hyper-extending it. The center of gravity falls behind the heel and the tense posterior ligaments hold the knee stiff while the weight is thrown forward over it. Often the patient has a habit of fixing the knee with a hand on the thigh. As a result of this constant hyper-extension of the joint the head of the tibia is displaced backward and somewhat inward, and the foot becomes extended by the contraction of the soleus muscles.

I have had this unfinished brace made for a little patient of seven years with exactly that condition. It works thus: A bearing-point is made on the anterior surface of the thigh by means of this spring-steel band which passes half round it, another is fixed in the same way just above the ankle, then the leather strap is passed behind the head of the tibia just below the knee-joint and thus the tibia is drawn forward by tightening the strap. Sometimes



FIG. 3. Showing brace adjusted.

this can be accomplished quite rapidly; at others it takes several weeks, the strap being drawn a little tighter every few days. The bands at the thigh and ankle are completed by leather straps which buckle around the leg to hold the splint in place. At the knee a ring-catch joint is made so that the patient can sit down. When he rises to walk the ring drops over the projecting bar and fixes the knee stiff. That is the object—to stiffen the knee artificially in walking and hold it in normal position. But, when the head of the tibia is drawn

forward into place, the heel is lifted from the floor by the contraction of the tendo-Achillis and the extension of the foot, so the patient cannot set the foot flat on the floor, but usually has to step on the ball of the foot. (See *b*, Fig. 2.) If now we do a tenotomy of the Achillis tendon, dorso-flex the foot to a little more than a right angle and put it up in plaster of Paris until the wound heals, then with a stop-joint at the ankle the patient can walk with the leg and foot in normal position. (See *c*, Fig. 2.)

This stop-joint allows of flexion to any extent as the body is carried forward, but extension is only possible to a right angle, thus preventing the toe-drop. When there is a tendency to inversion or eversion of the foot, instead of attaching the splint to the shoe, it is attached to a thin steel foot-plate with a flange on the inside or outside according to the condition and this is worn inside the shoe. (See Fig. 1.)

In cases where the posterior thigh muscles are spared, but the anterior ones are paralyzed, exactly the opposite condition exists—the knee is held in slight flexion by the contraction of the hamstrings, and the patient cannot walk at all. Here the same splint can be used by simply reversing the bearing-points and carrying the pressure strap over the knee and doing a tenotomy of the inner and outer hamstring tendons so as to extend the leg. Here the same ring-catch joint may be used or not. If the tendency to contraction in the hamstring muscles is very great it may be better to keep the knee stiff all the time.

The third point I wish to speak of is this: *Simple tenotomy of the shortened tendons in these cases is of great benefit aside from the release of tension and improvement of function that result.*

Every surgeon who has done tenotomies in cases where rigid contractures existed has noticed the marked improvement that takes place in the nourishment and general condition of the limb. Almost immediately in some cases, the leg becomes warmer and loses its blue appearance and not only the muscles that are released from tension improve in function, but some of the muscles that were thought to be paralyzed seem

to gain in activity, showing that some trophic, vascular or reflex stimulus has been brought about by the operation.

E. Noble Smith (Paralytic Deformities of the Lower Extremities, 1900, p. 65) says: "The idea occurred to me that as tenotomy of a sound muscle is capable of producing so much improvement in nutrition in a neighboring muscle weakened by paralysis, how much more direct an influence would tenotomy of the affected muscle itself have. Acting upon this idea I have operated in this way upon two patients, . . ." and he goes on to give the histories of these two cases and states that to his surprise the paralyzed muscles in both cases showed some contractile power and the electric formula of degeneration, which had existed before the operation, was changed to one of active response.

Just a word of caution: Tenotomy alone for correction of a deformity caused by contractures is disappointing. Unless the improvement gained by the operation is maintained by proper mechanical apparatus, the contractures and deformity will almost surely recur.

The large number of these cases that we see which have had tenotomies done somewhere at some time and the limb allowed to relapse into its original deformity for lack of after-treatment convinces me that this point is not borne in mind by many who consider themselves competent to operate upon these cases. In dealing with paralytic deformities the essential treatment has but just begun when the operation is finished.

SEQUESTRATION AND OTHER DERMoids.

BY L. L. M'ARTHUR, M. D., CHICAGO.

When searching among my cases for something of interest to select as illustrations of a subject for discussion, I thought to find in the above because of the fair number I possess, one which would admit of elaboration. To my surprise however,

after a careful search of the literature bearing thereon, I find many hypotheses and theories with some few established facts. What I have learned from the research, however, permit me to convey in a brief way, presenting the clinical histories later.

Firstly definitions:

Among the general profession I take it "Dermoid" conveys the general idea of a sac filled with a fatty matter, hair, teeth, etc. In practice, however, and on study it becomes necessary to separate them into definite groups according to certain characteristics of site, origin and composition, the best subdivision being that of Bland Sutton.

1. Sequestration Dermoids.
2. Tubulo Dermoids.
3. Ovarian Dermoids—to which I would add
4. Implantation Dermoids and
5. Pilonidal Sinus.

DEFINITION: "Firstly Dermoids are cysts or tumors containing tissues and appendages which are derived from the epiblast and often occur where the skin and mucous membrane are not normally found."

"The simplest form is the cyst whose interior is lined with modified skin containing sebaceous glands and hair follicles and their products."

"A more complex form of *so-called* dermoid cyst is met with in which we find unstriped muscular fibre, teeth, bones, mammary glands, etc., which really are tissues of mesoblastic origin and are more appropriately classified with the teratomata."

"Again a Dermoid tumor is one *lacking* cystic characters, made up largely from the epiblast, with more or less mesoblastic elements. Such a tumor may contain fat connective tissue, hyaline cartilage, even nerve tissue, have teeth imbedded in it or projecting from it and hair growing from its exterior, found most frequently about the rectum or pharynx."

"Strictly speaking then Dermoid should be developed wholly from the epiblast, and

as soon as structures of mesoblastic origin are found therein, it is to be classed with the teratomata."

The most prominent characteristics of a dermoid cyst are:

1. Skin.
2. Hair.
3. Sebaceous glands.
4. Horny matter (nails, etc.)
5. Fluids of sebaceous and occasionally sweat.
6. Mammary structures (epiblast.)
7. Teeth (epiblastic.)
8. Mucous membrane. (Quote lower animals with normal hairy lining in stomach. Roswell Park.)
9. Retention cysts same as wen's.

With these general definitions (taken largely from Roswell Park's article and for which I here make due acknowledgment) let us proceed to the definition of the groups before mentioned.

"Sequestration dermoids occur chiefly in situations where during embryonic life coalescence takes place, between two surfaces possessing an epiblastic covering. Thus in the midline of the trunk anteriorly and posteriorly we may find them probably incidental to an infolding of and cutting off of a portion of the epiblast. The conditions are practically the opposite of those which produce spina bifida cleft palate and lips, hypo and epispadias and are to be considered as developmental faults of excess while in the latter the fault is of too little tissue.

They are found most frequently over the sacro coccygeal region next most frequently in the neck, and occasionally in the scrotum, orbit, umbilicus. When in the orbit usually at the inner angle. Occasionally in the roof of the mouth and pharynx. Tumors at the base, at the fontanelles and root of nose usually conveying the idea of meningoceles and cerebral herniae prove not infrequently to be dermoid cysts. Hence are always to be differentiated in diagnosis and treatment in these positions.

"Tubulo-Dermoids" is a happy name given by Sutton to those tumors of a der-

moid type, lined with epithelium and containing one or more of the usual dermoidal contents which have developed in the tract of obsolete "rests."

"Rests" are the remains of obsolete tracts or organs which having served their purpose in the embryo, are no longer useful; while "vestiges" are atrophic residues which in the process of evolution are no longer useful to the economy. Thus we have a group of tumors which in the past have been classed with the dermoids, are more properly speaking, due to the incomplete obliteration of embryonal canals, for examples the urachus and the thyroglossal duct, and Sutton has demonstrated to the satisfaction of the embryologists that the central canal of the nervous system is developed from and practically may be regarded as the disused unobliterated primary intestinal tract. Hence to it is due that so large a number of dermoids develop at or near the point of separation of the same, i. e., the sacral region or at its other extremity at the cranio pharyngeal junction, witness the occurrence in the pharynx and the glossal duct as in the case reported by Roaldes. The omphalo mesenteric duct or its remains, as well as the branchial clefts, of which only the Eustachian tube should remain, sometimes give rise to a group which now begin first to be correctly grouped as tubulo dermoids.

The ovarian dermoids have by Sutton been given a group by themselves since their characteristics are not those only of epiblastic tissue but contain also meso and hypo-blastic structures. Here their origin is under much dispute but probably the truth lies in the middle; some are hard to differentiate from old ovarian pregnancies or old ectopic pregnancies and may have been either; others are probably examples of parthenogenesis, while there may be some examples of true fetal inclusions as a basis for the idea of fetal parasites, "*fetus intra fetum*."

Implantation dermoids, first described by Muron, are of traumatic origin generally speaking, and can occasionally be

artificially produced, by driving into the deeper structures a fragment of the dermal layer, with still sufficient attachment to maintain its vitality. They occur most frequently in tailors, cobblers, carpenters and the like whose occupation is such that this accident may happen. Hartley reports a case of supposed brain tumor developing in site of old injury which on removal proved to be of this type. Franke believes the implantation epidermoids to be of congenital origin, after the Cohnheim theory and the trauma starting their development. Roelen reports two on fingers, Vulpius one on tibial surface and Trezibiky one in the rare location of the scar in circumcisions of Jewish ritual.

Pilo nidal sinus, a term used by the dermatologists to designate a condition not infrequently noted over the Coccyx, in which there is an opening or sinus through the skin into which and from which hairs project with some discharge taught by them to be due to the irritation caused by the hairs, but in my opinion based on examination of those I have removed, to be in reality incomplete sequestration dermoids. Five cases only are on record of cancerous degeneration of dermoid growths.

In conclusion, before presenting the clinical histories of the cases had, I think it will be profitable to quote the conclusions of Wilms in an elaborate article on this subject:

1. Dermoid cysts of the head, thorax and part of the cysts of the retroperitoneal and retrorectal tissues are produced by misplacement of tissues, or invagination of glandular tissue or coalescence of fetal clefts.

2. Some of the teratomata of the base of the skull and in the abdominal cavity are to be considered as double monsters and as analagous to fetal enclosures.

3. Except those that originate in the ovary, all dermoids are either pure dermal cysts or contain in addition such tissues as are in the neighborhood.

4. Ovarian dermoids must be separated both in view of structure and origin from all other dermoids.

5. Dermoids of ovary are derived from a three layered germinal mass which strives to develop in accord with development of fetus and permits us to recognize even in the arrangement and position of the organs a similarity to the latter.

6. In consequence of the hindrance to growth produced by mechanical pressure the tissues and parts first differentiated reach a fuller development and choke the others.

7. Apart from this law of earlier differentiation, there is in the development of certain organs another important factor, the difference in the energy of growth of various species of cells.

8. Both in structure and form the individual tissues of the malformation develops, in case mechanical interference does not disturb, in complete accord with normal conditions.

9. The circulation of blood in the ovarian parasite is regulated by the maternal organism, but the malformation may in part supply its vascular system and participate, under certain conditions, in the formation of the blood.

10. Since the circulation, the nutrition and elimination of waste products is controlled by the mother, we have probably accounted for the constant absence of certain organs, e. g., liver and kidneys.

11. The dermoid cysts of the ovary are therefore parasitic fetuses which are best classed in a separate group under the name of rudimentary ovarian parasites.

Treatment resolves itself into surgical interference, which varies according to the location, size, etc., into (1) drainage or (2) extirpation. Early in my surgical career I opened a dermoid of the sacral region filling the pelvis and afterwards stitching its walls to the skin edge, partly from fear I suppose of injury of some of the pelvic structures if attempting removal. A portion of the cyst wall showing on microscopical section a compound pavement epithelium (skin) I brought skin edge to sac edge secured union and patient recovered with a sinus lined with skin and discharging slight quantity of dead

and decomposing epithelial cells with sebum, etc. On consulting the literature for these notes I find that to be the treatment adopted for growths not easily or safely removable as e. g., Bergman's case, 1898, in ant. mediastinum. When possible, the entire sac is to be dissected out. As in some instances it has tubular prolongations, a great aid to their entire i. e., successful removal is the injection, *first* with some deep stain like pyoktanin which enables one to recognize the near approach of the knife to the stained lining shining through and therefore to avoid cutting into it.

Case 1. Sequestration dermoid, child, girl, age 7, treated at M. R. H. 1886, referred to me by Dr. Ernst Schmidt. Came complaining of constipation and a bulging tumor of shape and size of half an egg, in coccygeal region. Rectal examination showed latter crowded forward almost against Symphysis. Oval tumor above symphysis not wholly disappearing on catheterizing bladder. No abnormality of sacrum demonstrable. No change in size of tumor on change of position of child as might occur in spina bifida. Under anaesthesia bulging tumor incised, greasy watery contents escaped in large quantity. Introducing finger revealed cyst cavity of size sufficient to fill true pelvis, cyst wall thick and firm. Was stitched to skin edge. Union secured. Patient recovered with a sinus from which watery discharge escaped mixed with decomposing epithelial debris. Examination of cyst wall showed compound pavement epithelium lining.

Case 2. Young lady, 24, school teacher of delicate health and suspected tubercular diathesis, referred to me by Dr. Prince of Jacksonville. In his care had had an inflammatory tumor in the ischio-rectal fossa which at the time presented the characteristics of an ischio-rectal abscess which he incised. This after a time refusing to heal, came to St. Luke's hospital. Examination revealed a blind pouch between rectum and hollow of sacrum which I attempted to dissect out using the Kraske incision without bone

resection, cyst wall somewhat thin and very friable made the dissection difficult, care being necessary to avoid perforation of rectal wall with which it lay in contact. Wound packed. Sinus not closing in six weeks, a second attempt after staining lining with blue pyoktanin was successful in removing entire cyst wall. Patient thought fall while skating had made the trouble.

Case 3. A married lady of fine physique, age 32, history negative, referred to me by Dr. E. B. Weston for a coccydynia which was supposed to have been induced by a fall on buttocks. Had been unable to sit squarely on chair for about two years. Examination revealed nothing externally over coccygeal area. Per rectum a rounded tumor, of firm consistency, size of hazel nut, very tender to touch, situated over tip of coccyx. Operation M. R. H., 1899, revealed a small cyst filled with fatty creamy fluid; was dissected out, primary union secured. All symptoms relieved.

Case 4. Mrs. D., married, no children, of good family history, no serious illness, referred to me by Dr. Henry Byford for supposed fistula in ano. Learned that patient had been operated upon by a Dr. Binkley for fistula, which he informed her led to diseased bone (coccyx). First operation failed of permanent cure. On examination by me, found sinus in line of former scar, *not* lined by granulation tissue, but apparently by a continuation of the skin dipping down. Operation at Mercy hospital, revealed after injection with pyoktanin and dissection out of sinus in toto, an elongated cyst leading to tip of coccyx, microscopically proven to be composed of comp. pavement epithelium.

Case 5. Young man, age 30, of fine physique, 210 pounds, from Butte, Mont., referred to me by Dr. Sanger Brown. Negative family history. Stated that he had been treated by several physicians for fistula, the last of whom warned him against operation as the trouble was tubercular and would hasten trouble elsewhere. Examination revealed in mesial line over entire length of sacro coccygeal groove

numerous (10 to 12) small openings, some inflamed area surrounded a few of them, all of them lined by an infolding of the skin, and several of them having small balls of hair loose in them.

Diagnosis incomplete sequestration dermoids. Operation at St. Luke's hospital revealed after staining with pyoktanin that they were continuous openings all leaking the staining fluid. Dissection made easy by the stain. Healing per primam. Recovery eight days.

TUBULO-DERMIDS

Case 6. Mr. F., age about 56, referred to me through the kindness of Dr. Otto Schmidt. Patient a sufferer till his death with acromegaly. Since childhood had been distressed with a fistula in mesial line of neck just above thyroid cartilage, from which there discharged a saliva-like fluid which ever kept his neckwear soiled. This he stated he had endured 50 years because as a child he was taken to the celebrated Langenbeck, Sr., who refused to operate saying that it would never harm him, while operative interference would probably prove fatal. Operation at M. R. H. after staining sinus with pyoktanin reveal partly patulous thyro glossal duct leading deep between tongue muscles. Removal by dissection. Cure in two weeks.

Case 7. Boy B., age 9, referred by Dr. Frank Cary, with history of small semitranslucent cyst over thyroid cartilage which he incised and from which a watery mucoid discharge occurred. This after a time refusing to heal, he advised thorough removal. First operation at St. Luke's hospital tried without the staining process, traced between muscles of the tongue mesial line unsuccessful. Operation repeated six weeks later, with staining permitted the tracing of sinus to base of epiglottis and very close to buccal mucous surface. This effected a cure, but not without an alarming acute oedema of glottis during first 36 hours with almost suffocation, due apparently to manipulation as no inflammatory symptoms nor discharge occurred this time.

Case 8. Young man, "Q" age 19, of good health, negative history, came to office with history of attempted healing of a "running sore" on his neck. Investigation revealed sinus which had been frequently opened situated above thyroid cartilage, from which a watery seropurulent oozing occurred, continuously but in small amount. Chiefly inconvenient because of soiling of neckwear. Diagnosis tubulo-dermoid. Operation successful by dissection out after staining lining of sac with pyoktanin 1 per cent. Dr. Wm. C. Williams kindly cared for after treatment of this case in my absence from city.

Case 9. Ward case at St. Luke's hospital, girl age 20, transferred to my service after operation by Dr. Jno. Owens. Tumor cystic of neck, near angle of jaw, had been incised, packed and drained. After lapse of some weeks refusing to heal tubulo-dermoid arising from bronchial rests was suspected. Dissection out of lining membrane followed promptly by early healing of wound.

Case 10. Mr. M., of good health and contemplating marriage. Came to office for removal of soft fluctuating slightly prominent tumor below angle jaw. Never painful, never inflamed, never hard, not noticed till age of puberty. Operation at M. R. H. revealed cyst with mucoid fluid. Complete dissection out of sac, somewhat difficult as it extended at one point close to lateral wall of pharynx. Primary union healing in one week. Permanent cure.

IMPLANTATION DERMOID.

Case 11. Miss H., Chicago University student, referred to me through courtesy Dr. Small, had had an operation for ingrowing toenail. In this the matrix and major distal part of terminal phalanx of great toe had been removed. Pulp of great toe had been reflected back over surface from which matrix had been removed. In this procedure a small part of the groove of the nail edge had been covered in. Primary union had been secured and patient at first very comfortable. After few months, however, began to be tender

nodule over radial edge of scar, which I took to be a neuroma and advised removal. Operation at Chicago hospital revealed a curious small cyst filled with whitish material which on examination proved to be chiefly endothelial cells and the cyst to be skin.

PILONIDAL SINUS.

Case 12. Adult, male, age 35, came to office complaining of "itching piles." Had enjoyed good health. History negative. Examination revealed posterior to anus just beyond mucocutaneous junction a sinus from which projected a number of hairs and which discharged an ill smelling pus. Surrounding area eczematous. Diagnosis pilonidal sinus. Removal showed small cutaneous infolding from whose inner surface the hair developed.

Case 13. Young girl, age 9, referred to me by Dr. M. L. Goodkind, had been troubled since birth with an area on outer aspect of thigh half an inch wide and two and one-half long, at each end of which were to be seen very sharply defined depressions of the skin, some lined with skin, others filled with a dry crust which if removed revealed nearly normal skin beneath. In the mid portion of this area was a small nodule subject to occasional inflammatory reactions. Diagnosis of dermoid cyst made and proven on removal to be lined with skin.

Case 14. Young boy, age 15, working at stock yards, referred to me by Dr. J. T. Binkley with history of having been born with small "wen" on top of head. While yet a baby the physician had opened and cut away the greater part projecting above level of the surrounding scalp, leaving a somewhat scooped out area with crater like edges. From this central area an extremely fine cotton like fibre of white hair grew, with a crust of scales of greasy character at their base. Careful study of the case led me to the belief that I had to deal with a dermoid cyst whose base had been left attached and from which imperfect hair was being proliferated with excess of sebum. Operation agreed upon but patient failed to return.

SUGGESTIVE THERAPEUTICS.

BY ARTHUR E. PRINCE, M. D., PH. D., SPRINGFIELD.

Mr. President and Members of the Illinois State Medical Society:

In response to a request that I prepare a paper for this meeting, I have chosen for my topic "Suggestive Therapeutics."

Although I have been forced by the limitation of my experience to draw my illustrations largely from the field of ophthalmology, I entertain the hope that the members will feel at liberty to discuss the subject in its broadest aspects, as related to any or all of the departments of medicine.

The term "suggestive therapeutics" may be defined as "a systematic use of personal influence in the treatment of disease." This personal influence is the most potent factor in the success of one man over another. It is this influence which has made the history of the past, and it is the same interest that will control the destiny of the future. It enabled Alexander to conquer the world; Caesar to make slaves of his captors when he fell into the hands of pirates, and Napoleon to magnetize the French nation even in the most extreme adversity, and wield a power which required the combined strength of Europe to conquer.

This same influence is exercised unconsciously by every successful physician from the moment the patient enters the office, and it is owing to the lack of this quality that we often see those who are best informed, suffering from want of appreciation, while the mediocre physician will be vulgarly rated as a "howling success."

In the exercise of this influence over his patients, the physician has one great advantage, which arises from the fact that in sickness the will is weakened; the judgment perverted, and the emotions become exaggerated.

A person who may be well balanced in a normal state of health will often present

an emotional state bordering on hysteria, and require the exercise of the greatest degree of personal influence in order to control the patient, and conduct the disease to a favorable issue.

J. C. Culbertson, in an able paper, entitled "Psychic Therapeutics," read before the Section of Materia Medica, Pharmacy and Therapeutics at a meeting of the American Medical Association, 1900, and published in the March number of the Journal, said:

"All that is known of the entire materia medica, as well as all other resources in the art and science of medicine, are as wide open to the command of one physician as another, and the difference between them is founded upon but two accomplishments, viz: *Ability to diagnose pathological conditions, and a systematic use of personal influence in the treatment of disease.*"

He might have gone further, and said that of the two, the latter is paramount, for have we not a so-called school of practice which manifestly ignores pathology, and yet by the aid of psychic therapeutics, more than holds its own against the influence of reason. Besides, is it not more likely that the main spring of success of those who are known as "Osteopaths" is suggestion rather than medicine?

Influence in future. There are some who are so nearly devoid of emotion that little or nothing can be accomplished by suggestion. Likewise, there are others who are so sensitive to suggestion that the influence of the suggestion will take place at some assigned, remote or future time.

I cannot better illustrate this than by relating the case of a prominent citizen of Springfield, who, some years ago, while living in St. Louis, was a patient of Dr. John Green. I have it from the patient that he was told that in six months he would be blind. (It matters not whether Dr. Green actually made this statement, which I do not believe, or whether the patient perverted what he did say into this statement.) At all events, on the day, six months from the time of receiving his sentence, he became blind while walking on the streets in

Kansas City. He was taken home by a passing stranger, and after some fruitless periods of treatment in Kansas City and St. Louis, he was taken to New York, where he saw Dr. Knapp, and later Dr. Gruening. Dr. Gruening recognized the functional nature of his condition, and employed suggestion.

For thirty consecutive days, during which improvement was gradual, he went to the office and each day received the encouraging assurance that he was better, until he was discharged, cured.

Key. Besides general suggestion, which is systematically although it may be unconsciously applied by every successful physician, the influence of which may be stimulating, sedative or hope inspiring, as the case may require, I am convinced that the handling of certain specific cases of confirmed functional derangement, requires a special study of each individual case to determine the *cue* or *key*, without which, it may be impossible to effect a cure, although one may seem to have the entire confidence of the patient.

The key may be determined by *approbation* on the part of the patient or *opposition* on the part of the patient.

I cannot better illustrate this former than by relating two cases, in one of which I failed to find the *cue*, and felt disgraced, and in the other of which I found the *cue* after following the wrong lead for some days.

Miss R. of Atlanta, came to me with a painful condition of the eyes, which was unattended by any inflammation or discoverable pathological lesion. I knew her to be hysterical, from an attack of ptosis and inverted vision from which she had formerly suffered. I corrected her refraction, the error of which was slight, and assured her that she would recover. I used tonics and electricity without avail, and felt conscious that I did not have the *cue*. She gave me the *cue* on two occasions, asking if an operation on her muscles would do any good, but as she had absolute equilibrium both static as well as dynamic, I assured her with the greatest degree of

positiveness that her muscles were perfectly balanced, and an operation would be criminal.

She was a faithful patient, and came back repeatedly, made no improvement, and finally was diverted to an oculist in Chicago, who took advantage of her suggestion, made a fake operation, and cured her permanently in a short period of time, to the great gratification of her friends, and to my discomfiture.

The lesson was expensive, but has paid dividends ever since.

The other case referred to, in which I discovered the *cue*, was that of a young man.

W. E. eighteen years of age, while in Nebraska, was stung over the right eye with a bee. He awoke in the night, made a light, and discovered that the right eye was totally blind. He was very much wrought up by this discovery, and in the morning consulted a physician, who, in turn, consulted an oculist, the result of which was a decision that the eye should be removed before the second eye should suffer from sympathetic inflammation. He telegraphed his father, who lived in Lincoln, Illinois, and received a message urging him to come immediately home. Upon his arrival, he was brought to me, and I was requested to accommodate them by removing the eye before the departure of the noon train.

An ophthalmoscopic examination revealed no pathological changes; the pupil responded to light, and yet the patient insisted that he was unable to perceive light from darkness. I decided to keep him under observation for a time, and told the father, in the presence of the patient that sympathetic inflammation would not occur under three weeks, consequently there was no danger in delay up to that period. This satisfied the father in a measure, and he left the boy with me.

After a few days he appeared at the office with photophobia and pain in the other eye, whereupon I ignored these symptoms, told them that they were premature, and could not occur under three weeks.

When I saw him in the afternoon, they had disappeared.

On the following day, I told him to look at some letters alternately red and green, through a green glass held before the right eye, and a red glass held before the left (known as Snellen's Malingering Test), which is based upon the well-known fact that one can neither see green letters through a red glass of the same shade and purity of color, nor red letters through a green glass of the same character.

By means of this test, I made out that William was able to see green letters, although he was unconscious that he was seeing with the right eye.

Accordingly, I decided to take advantage of the observation, and assured him that he was not totally blind in that eye, but that he could see through a green glass. At the same time, I placed a green glass before his eye, and re-assured him in decided tones. He was forced to acknowledge this fact, and thus I had made a decided step towards a cure.

A few days later, while making an ophthalmoscopic examination of his eye, I seemed very much surprised, and told him that his case was one of unusual interest, for I saw all the evidence in his eye that his vision would return to him at two o'clock, and be as good as ever without the aid of a green glass. It was a bold stroke, but I felt a conviction that it would work, and at two o'clock I called him, made a test, and found his vision to be perfect. I kept him under observation for a few days, and sent him home well pleased with the issue.

Bilateral hysterical ptosis. This case has a second chapter. Three weeks later, he returned with bilateral ptosis. Knowing his history, and knowing him to be hysterical, I felt no hesitation in assuring him that I could cure him in a comparatively short time, and I decided that electricity would be the remedy. In that I made a signal mistake, for electricity was not the key to fit his lock.

Day after day I used the electric current; day after day I told him that he would be

better; I assured him that he was improving, and would continue to improve, but all my assurances apparently fell upon deaf ears. Puzzling over his case, and searching for the mainspring, it suddenly occurred to me that his roommate, during the former period of treatment, had an operation for ptosis. I became satisfied that I had now found the key, and at the next treatment I told him that I had exhausted the resources of medical treatment, and that nothing but an operation would relieve him. The alacrity with which he accepted this proposition was evidence to my mind that I was on the right track. Accordingly, I gave him chloroform, made an incision in the skin of the upper lid of each eye, introduced sutures, and took pains to smear some blood upon his white shirt, cautioned the nurses in his presence, after recovering from the chloroform, regarding the importance of not removing the bandages until the wounds were entirely healed, kept him in bed two days, took him to the operating room and dressed his eyes, removed the stitches, apologized for having blooded his shirt, and pronounced him cured. The lids raised without the slightest hesitation, and he has remained perfectly well from that day to this.

Determination of the Key to Opposition. Absolutely contrary to the above cases, it is often true that the key is to be found in some morbid fear or dread or dark forebodings. In such a case, one must expect to find the patient in a state of opposition to the remedy which is required to work a cure. In this case it is not only necessary to find the key, but to apply the remedy in opposition to the wishes of the patient.

I can think of no better illustration of this point than the case of a former teacher who came to me in apparent distress with eight thicknesses of veil bound over her eyes. She told a pitiful story of a terrible inflammation of the optic nerve, and condemned all the physicians she had had, and the remedies which had been used, saying that they had all hurt her, and nearly ruined her eyes.

I led her into the dark room before removing her bandages, which I did very slowly, lest she should suffer from the sudden admission of light. To my surprise, while she talked about her dread of light, she did not seem especially sensitive to light, and I was able to examine the fundus without difficulty. The optic nerve appeared normal, and there was no evidence of inflammation. As soon as I permitted it, she bound her eyes up as before, and appeared to exercise the same dread of light. I did not acknowledge I was somewhat mystified by the condition, but in order to gain one point, and thus not be numbered among all of those who had harmed her by means of strong medicines, I gave her a normal salt solution, with instructions to drop it into the eyes every three hours, and I told her that I would call upon her the following day.

The season of the year was February. The ground had been frozen and covered with snow, and there was about an inch of slush upon the ground, and a thick, moist rain, bordering upon sleet, was falling. I hitched my horse before the door, and went in to visit my patient. I was received in the parlor, and as she came from the sitting room, she was obliged to cross a hall. In doing so, I noticed that she covered her head and face with a shawl. Upon entering the parlor, I took occasion to ask her why she exercised so much care, and she told me that it was her salvation; that she would take cold and ruin her eyes if she did not take this precaution. I felt, with a sense of confidence, that I had the key, and after some preliminary conversation, I ordered her to get ready for a drive. She thought I was insane; if I had slapped her in the face, I could not have surprised her more than by offering to take her for a drive on such a day, but as I assured her that there was no escape, she consented with reluctance. She covered her face with more veils than before, and after assuring her in the most unequivocal manner that she *could not take cold if she tried*, we got into the buggy, and drove about a mile with the storm at our backs. Little

by little I prevailed upon her to remove the coverings, until finally her face was bare. We then turned about, and with the fresh air blowing in our faces, we drove back a merry mile, and at the end of the drive she was in a good humor, alighted, walked into the house, and seemed happier than she had been at any time since she came. I told her to continue the drops, and to report to me on the following day. This she did, and on this occasion she discarded her veil, and laughed at the idea of her being so cautious, for now that she found that she *could not take cold*, which was her greatest bug-bear, she felt sure that she would be well. After a few days I discharged the case, and sent her home with a requisite supply of normal salt solution, for she still maintained that it had been the sovereign remedy, and was not willing to acknowledge that it was the drive against the storm that had cured her.

Instrumental aids to suggestion.

Whether it is always possible to cure a patient without resorting to instrumental aids to suggestion, I will not offer an answer; but I am absolutely convinced that a great gain is effected by any outside influence that will assist in establishing in the mind of the patient the fact that recovery is taking place.

Among these instruments is the dynamometer, scales, perimeter, Maddox rod, etc. Anything that serves to determine a fixed point to act as a basis of comparison will aid in proving to the patient's mind the truth of the suggestion. I will illustrate my meaning by presenting some notes relating to Miss C., Mason City. Twenty-two years of age. She came to me on Feb. 25th, 1901. She had lost her sight rapidly, and had been obliged to give up her school. The vision of the right eye was 1-50, and the vision of the left eye was 1-50. I urged her to stay, which she declined to do; said she must go home, but would return. I gave her a laxative tonic, and suggested that by returning I could cure her in a short time, and permit her to resume her school, but if she continued

to work in her present state, she might get worse. She did not return as promised, and as a self-inflicted penalty, on the following Sunday, she became totally blind in both eyes. While her parents and friends were wailing with grief, she was composed with the conviction that she would soon recover.

Upon her return, March 5th, her vision with the right eye was one-fourth; left eye unable to see incandescent light. Desiring to produce an immediate effect, I told her that her vision would be better in half an hour. Accordingly, I placed her on the insulated stool which accompanies the static machine, and gave her a sharp positive breeze over the eyes and temples. A chart dated March 5th, 9:30, shows the blind area of the right eye decreased about one-half, and with the left eye she could see the white disc in the center of the perimeter. She took the static breeze three times a day, and her improvement was continuous, as she could see by the perimeter tracings. A chart dated March 7th, shows great improvement, and another chart shows an almost normal field. She was discharged March 9th with normal vision.

Static Current. The use of the static current, as an aid to suggestion, is further illustrated by the case of Miss W. age 22, employee of the Watch Factory. She had a sudden failure of sight in the right eye. The perimetric chart, of which the accompanying is a copy, indicated a narrowing of her field in every direction. Fully one-half of her field of vision was already lost, and the acuteness of her vision was reduced to one-fourth.

The ophthalmoscopic examination was negative, and I made up my mind, on the spot that her case was functional. I took particular pains to explain to her the normal field of vision, and showed her the shaded outlines of the diagram, and informed her that she would not be well until able to distinguish the white color at the extreme limit of the unshaded field. I prescribed a tonic, and gave her five minutes of static current each day. Upon the third treat-

ment, I made another tracing, which showed considerable improvement. Upon the sixth day, I made another tracing of her field, and in doing so, I assured her that her vision was approximating the normal point, and after three more treatments, I was certain that she would be able to distinguish the disc out to the normal limit. Upon the tenth day, I took the final tracing, which was somewhat better than normal in some directions, and pronounced her well. She returned to her work.

Pupillary re-action. The following case illustrates the use of pupillary re-action to light, as an aid to suggestion.

Miss C. age 25, had taught school during the winter. She had taken a smaller amount of exercise than was required; had worked hard over examination papers at night; had suffered from loss of appetite and constipation, and developed a decided anaemia. When I examined her, one eye was blind to every test except the test of pupillary re-action. Upon that test alone I made a favorable prognosis, and prescribed a tonic of iron, quinine, strychnia and cascara sagrada. I had her report in a month. Upon the first visit, I had said nothing about her pupillary re-action, reserving it for the second visit after a month. Although there was no improvement upon the basis of which to encourage the patient, I took the pains to demonstrate in the presence of her sister, that the eye was decidedly better, for now she had pupillary re-action to light, and doubtless in another month would be able to see large letters. I prescribed another month's treatment, and asked her to report at the expiration of that time. This time I was able to develop, by a positive suggestion, the ability to see light. The next month she saw the medium sized test letters, and the following month I assured her that she was entirely well, and able to see the bottom line, which she then read without difficulty.

Hysteria in Children. Although hysteria in children is rare the following two cases are of sufficient interest to lead me to accord them a brief mention in this paper.

E. B. of Jacksonville, eight years of age,

was brought to me with a diagnosis of central brain lesion. The accompanying is the field of vision for each eye. The fields are exactly alike; they are constricted to an area having a radius of ten degrees. All the remaining portion of her field was totally blind. She could not see to do her school work, and the parents and relatives were greatly agitated. I made a careful examination of her refraction, and found that she had astigmatism; the ophthalmoscope examination revealed no lesion. I told her grandmother, in the little girl's presence, that she would be relieved by the wearing of glasses to correct her refraction error. Glasses were ordered, and put upon her eyes, and on the following day, the perimetric tracing showed an absolutely normal field. She returned to school, wearing her glasses, and has since had no trouble.

Inverted Vision. Inverted vision is a rare manifestation of hysteria, but occurred a few months ago in the person of a lad.

Master T. seven years of age, son of the first case referred to in this paper. His father entered the office in great agitation. His son had come home from school unable to read the letters and figures on the blackboard. They were all "turned up-side down." Knowing the history of the father, and his susceptibility to psychic impressions, and knowing also the mother to be somewhat hysterical, I decided to venture an assertion that his brain must be set straight. I placed him upon the insulated stool, closed the circuit, and the glass plates of the static machine revolved.

"Now, my boy, said I, keep your eyes upon those plates; do not take them off." While the current was passing, and while he was feeling the exhilaration of the static breeze, his hair standing on end, he continued to keep his eyes upon the glass plates. After the requisite period, I opened the circuit, and told him not to take his eyes off those glass plates for an instant until they stopped rotating, and then he would be cured. A few moments later I led him into the adjoining office, made figures and letters upon the blackboard,

and assured him that he was entirely well. The cure was complete. He reported to me on the following day, and has been perfectly well ever since.

I fear that I may have over-stepped the time allotted for the introduction of this subject, but it is one that I could not present to my satisfaction except by the report of cases, which I have made as brief as possible, selecting only those which I considered typical, to illustrate certain points.

Much is to be learned as time and the study of collected cases enable the conservative student to generalize, and form deductions. In the uncertainty of our present knowledge, each case must be treated upon its individual merits.

The most careful physician now makes mistakes, and loses the confidence of the patient by using, so to speak, too large or too small a dose, or by missing the cue, finds his efforts fruitless or crowned by disgrace. Many make the mistake of condemning the patient by using the obnoxious term "hysteria," which, in the lay mind, is often synonymous with malingering. If your friend is mistaken, don't insult him by calling him a liar. Hysterical cases are not liars, but sufferers from delusions. By insulting them, you drive them to the illegitimate fakers, while by wise suggestion, you can retain them as the firmest of friends.

ELECTROLYSIS—THE ONLY SUCCESSFUL TREATMENT IN A CERTAIN VARIETY OF GRANULAR EYELIDS.

BY P. DOMBROWSKI, M. D., PEORIA.

As the title of my paper indicates, I wish to speak of a certain kind of granular lids for which electrolysis is probably the only available treatment at the present time. I do not advocate that electrolysis should be the routine treatment, but in a certain variety of trachoma I have been led

*Read by title at the Peoria Meeting.

to apply it on account of the total failure of the ordinary remedies.

It is a peculiar type of granular lids which demands this treatment, and as only three such cases have come under my observation within the last seven years, these cases are consequently fairly rare. There are certain peculiarities in the clinical picture of them, and they are so well pronounced that one can at the first glance foretell the failure of the ordinary treatment.

In my three cases the formation of granules was confined to the upper lids; the lower lids being only somewhat inflamed—maybe here or there a small follicle of a soft consistency. The seat of the granulations is in the upper lid and almost wholly in its tarsal portion. The tarsus itself is considerably thickened. This makes the upper lid appear heavy and produces a marked degree of ptosis. The upper retrotarsal fold is altogether free or only slightly affected—in the same way as the lower lid. The granulations on the tarsal portion are of firm almost fibrous consistency; they are closely packed together like pavement stones, of bright or dark red color. In no case was there any pannus, nor entropion; none of the cases showed any circumcorneal hypertrophy—neither diffuse nor circumscribed, so characteristic of certain cases of vernal catarrh. Some granulations had a fairly developed pedicle. A peculiar feature of these granulations was their great tendency to return; no matter if snipped off or curetted or burned off with chromic acid or cauterized by a pointed platinum wire, they were quick in returning.

Before entering upon some diagnostic considerations, let me give you a short resume of my own cases.

It was in 1894 that I found myself in the presence of the first case; a boy ten years old from Pekin, Ill. General health was good. The mother of the boy told me that he had been treated by another oculist the preceding two years. The condition had never varied to any great extent

during this period, but she admitted that the boy's eyes were worse whenever he had a cold. I first anticipated no difficulty; I hoped that an increase in the strength of the nitrate of silver or in the tannin solution would be of some advantage. A regular and faithful treatment was carried out for two months. The time was lost; no change for the better was noticed. Having been convinced that some more radical measures were required for the destruction of the firm granules, I applied chromic acid in substance. First very carefully, limiting the cauterizations to one or two granulations at a time; then a little bolder. Many such applications were made. There was in the course of the next few months a decided improvement. However, it turned out to be temporary; as soon as the cauterizations were stopped, the granulations commenced to increase in size; the acid had apparently not reached the depth necessary for their final destruction. After a period of rest covering a few weeks, I made another more extensive application with the result that the eyes this time became greatly inflamed. There was a total loss of the corneal epithelium accompanied by much photophobia and blepharospasm. However this subsided under applications of castor oil and hot water, though the alarm caused by it, was not small. By this time I became convinced that the pathological process had invaded the tarsus; that the failure of all treatments applied heretofore could be explained by the impossibility of reaching tarsus. I had to use some other means to accomplish this end. I first thought of Noiczewski's operation, which consists in removing the whole tarsus and tarsal conjunctiva followed by transplantation of some kind of mucous membrane. Then the thought of electrolysis flashed through my mind. I had often availed myself of the action of the negative pole before that time for the removal of vascular growths, of warts, moles, etc., but never for granulations, and the literature up to that date did not contain any contributions of the applicability of the current for this purpose.

I began to use it by inserting the point of a needle to the depth of about 1-16 of an inch or more, into the centre of each granulation. This was a rather slow proceeding; the treatment had to be given daily and injections of cocain were required each time, as the electrolytic destruction of the granulations was very painful. Instillations of cocain were found not to produce the required anaesthesia. I disliked the idea of making many injections of cocain and substituted a modification of the electrolytic procedure in order to accomplish at each operation as much as possible. The negative pole of the battery was connected to the blade of a narrow, slender Graefe knife, as used for the linear extraction of cataract. This knife was pushed horizontally through the whole length of the tarsus, fairly parallel to the conjunctival surface. Then the current was turned on. I ordinarily worked with 2 or 4 m. a.

These electrolytic treatments repeated once a week accomplished ever so much more and in the course of a few months the boy was completely cured. He was able to go to school again and never had the slightest trouble with the lids thereafter.

The second case was a farmer's son, ten years old, who had been treated before by several physicians of repute. His condition had been diagnosed as trachoma. I first resorted to chromic acid, which treatment as far as I can tell might have been finally successful, as many of the cauterized granulations ceased to appear. I found however that the reaction following some of the cauterizations when made with a sharply pointed instrument and carried deeply into the tissue was very severe, and that the progress was comparatively slow. I therefore instituted the electrolytic treatment which effected an almost perfect recovery within five months.

If I still had some doubt as to the superiority of electrolysis over the chromic acid treatment, these were dispelled by my third case.

It was a boy eleven years old, from Pontiac. He came to me in May, 1899. He had been under the care of a Chicago

oculist for a period extending over four years. The greater part of this time he was treated by the family physician in Pontiac under directions given by the oculist. He made regular trips to Chicago, where he stopped for weeks at a time to be treated by the eye surgeon himself. Temporary improvements were followed by relapses. In February, 1899, he had to quit school, the eyes became too sensitive to the light and the ptosis was so pronounced that he had to raise his eyelids with his hands in order to look at anything. There was no pannus present, but congestion of the eyeballs. The tarsi of the upper lids were very thick. The boy was timid and afraid of operations of any kind. He wished to get well but he objected to the injections of cocain, so I tried the chromic acid in this case too, probably for two or three months. For a while he got along very well but here as well as in the other cases it became evident that in order not to lose the gained ground the applications would have to be kept up and to be made very thoroughly. But on account of the pain following the later applications, he finally submitted to try the electro treatment. This was begun in August, 1899. The last treatment I gave him was in June, 1900, before I left for Europe. At that time he was nearly well. I have since heard that he has been going to school and has had no further inconvenience.

The question might be raised, if these cases were really cases of trachoma or not. All three cases had been pronounced as such by those confreres in whose care they had been before; they had been treated as such. I wish to emphasize that a possible diagnosis of tuberculosis was out of question. There were no ulcerations present, no softening, no breaking down of any tissue. I wish I could with the same certainty exclude vernal conjunctivitis. I have probably seen three dozen cases of this affection, and I do not think that ordinarily the differential diagnosis between trachoma and vernal catarrh presents any great difficulty. On the one side the recrudescence during harvesting, the disposition to

pannus or pericorneal vascularisation around the upper part of the cornea, the participation of the upper retrotarsal fold, the steady though sometimes slow improvement by the well-known surgical or medical applications—on the other side the subsidence during the cold weather and the re-appearance at the commencement of spring, the presence of circumcorneal hypertrophy circumscribed like in phlyctenular conjunctivitis or more diffuse and the peculiar milky discoloration of the conjunctiva of the upper lid.

It seems to me however that there exist several varieties of vernal conjunctivitis just as trachoma may present itself in greatly diversified types. I am also acquainted with the fact that Alexander Natanson in his very interesting contributions to vernal inflammation which appeared in *Die Klinische Monatsblätter für Augenheilkunde*, described some cases of vernal conjunctivitis in which the tarsal conjunctiva of the upper eyelid presented an appearance almost identical to that in my own cases.

1. The first of these cases was a young man of fifteen years, of florid complexion, eyes affected some two and a half years, treated for trachoma by others—exacerbation, in spring—remissions in winter. The tarsal conjunctiva of upper lid shows pavestone like protuberances, flat polygonal, mostly pedicled without any milky appearance. No hypertrophy on limbus. All treatments inefficient.

2. Boy, nine years, delicate but healthy. 1897 treated for trachoma. A professor of ophthalmology made diagnosis of vernal catarrh in 1898. No improvement. 1899 Natanson confirmed diagnosis. Condition of upper lid similar to Case 1 except that the excrescences are not so closely packed, a milky opacity visible here and there. Improvement under solution of leads, but this improvement setting in with the cold weather was likely due to the change in the weather.

3rd Case. Similar. Had existed some five years with no scar-formation in this

time. All treatments had failed. Worse in hot weather. Remissions in the fall and winter.

The analogy between these cases and my own is very great. The more so as my own cases were boys from ten to sixteen years old, just like the cases which he relates, and still I am not inclined to class my cases as vernal conjunctivitis. First, because they were in appearance so totally differing from the ordinary cases of vernal conjunctivitis, and secondly because there was no decided remission in the complaints and appearance of the eye during the winter, and lastly the electrolytic destruction of the granulations of the upper eyelids could hardly have effected a perfect cure of such a condition as vernal conjunctivitis which as we all know apparently attacks the whole conjunctiva.

I admit that the destruction of these granulations if they were of the vernal type, might have given some relief, but that with the onset of the spring season, some inflammation or irritability of the conjunctiva bulbi would have made its re-appearance.

Should however my cases have been a special type of vernal conjunctivitis, then I propose to give to this type a special name, on account of the fact that we have in the electrolytic treatment a valuable remedy for the cure of this condition hitherto considered incurable.

Natanson's cases remained uncured though they had been in the care of prominent Russian ophthalmologists and my own cases had been sufferers for years and found no relief until electrolyzed.

Sulphate of copper, nitrate of silver, protargol, Argentamine, Ichthyol, Iodoform, Iodol, Acetate of Lead, zinc salts, Suprarenal extract, alum and many more remedies had been applied in vain.

In concluding this paper I wish to state that I used electrolysis in the first of my cases at a time when in our literature no mention had been made of it. I saw Dr. DeWecker in 1895 use electrolysis for trachoma.

The negative pole consisted of an instrument similar to that used for tattooing the cornea. The applications were restricted to the surface, the points of the needle being simply placed upon the everted lids. My method consists in pushing a slender graefe cataract knife, the blade of which is connected with the negative pole of a galvanic current, vertically to a certain depth into each granulation, or horizontally through almost the whole length of the thickened tarsus and to leave it there one minute or longer, the length of time depending upon the number of milliamperes and on the individual requirements of the case.

SURGICAL CELL ACTIVITY.*

BY JAMES E. COLEMAN, M. D., CANTON.

The preparation of the patient for surgical operation as ordered by our most distinguished surgeons, in our best equipped hospitals, appears to your writer to be the rendering of the patient as nearly aseptic as possible. A few hours in advance of the operation, purgatives and enemas are given, with douches and scrubbing, baths and compresses. Everything is rendered germ free. The kidneys are known to be secreting an abundance of urea. An estimate is made of the ability of the patient to bear the anaesthetic, then the surgeon is ready for his work. In the majority of cases this, no doubt, is all the preparation that can be made, as the patient comes from a distance, and the work must be done at once.

In the country, your writer has been called upon to do surgical work without any previous preparation of the patient whatsoever. Would it not be better to take into consideration the condition of the cells of the body in all these cases? Are the individual cells receiving the richest blood that under existing circumstances can be furnished them? Is the blood pressure sufficient? These are questions which

should be answered as nearly as possible in the affirmative before the patient is subjected to the dangers of a surgical operation. We are all in such a hurry to do the work, and we are thinking so much about killing microbes, that we forget the condition of the individual cells upon whose healthy function repair depends.

After the operation, the surgeon prides himself upon the small amount of medicine he used. If medicines judiciously given, will stop vomiting in the private practice of the general practitioner, why are they not beneficial for the vomiting after ether? If pain is a bad thing and should be quieted after eating cucumbers, why is it not equally depressing after a surgical operation? Nervousness, which the family physician would consider sufficient for his constant attention, is passed over as a matter of course in the surgical ward. The superintendents of hospitals boast that opiates are never given, while their surgical wards resound with groans of pain. Long continued suffering shatters the constitution beyond thorough repair, and I have yet to examine the patient who has completely regained health after a growth, however, benign it may be, has been removed by the use of caustic paste with its attendant pain.

Pathologists have given much attention to the inflammatory process as caused by the action of germs or their products. May it not be possible that inflammation products, and embryonal cell growth are due to the defective nerve enervation with attendant lack of blood supply? In the calcareous deposits of rheumatism, the epithelioid cell of tuberculosis, and the cell activity of neoplasms, may we not determine a general underlying cause, aside from bacteria or their products? The surgeon may learn from the general practitioner, the effect of defective nerve action on the activity of cells. Take as an example, ordinary laryngismus stridulus: Here we find spasmodic action of muscle cells due to defective nerve action and blood supply, which is promptly relieved by carbonate of ammonia. Caffein will

*Read at the Fifty-first Annual Meeting of the Illinois State Medical Society, Peoria, May 21, 1901.

produce almost as prompt results, and this is obtained simply by stimulating nerve and blood supply to the individual cell, which establishes its natural function. Is it not possible, in surgical cases, to stimulate the cell activity to more healthy action in the same manner?

In tuberculosis we find the tubercle most frequently deposited in the joints or apices of the lungs. Is this not due to the fact that the blood supply is weakest at these points? All writers agree that in order to acquire tuberculosis, we must have not only the bacillus, but also a "favorable soil." Is not this condition due to defective enervation and blood supply? After an observation extending over many years, I have yet to find a tuberculous patient with a strong heart action. I have also observed that the finger nails and hair would grow very rapidly, and the ends of the fingers become "clubbed" during the early stage of active tubercle deposit. This, to my mind, indicates the fact that the cells received the blood supply under low pressure, and that the nourishing properties of the blood were deposited and assimilated, and thereby stimulated un-natural cell growth. Tubercle is rarely found in the stomach. This fact has been attributed to the germicidal action of the gastric juice. The stomach, however, has a wonderful blood supply. Because of this the cells receive nourishment, and the surplus is happily carried away. Not so in the joints and the apices of the lungs. The normal cell under low blood pressure receives too much pabulum. It grows and becomes a giant cell. Then the over-growth produces stagnation and speedy death.

If Thomas J. Mays would add heart stimulants to his cocaine treatments, he would get better results. If the destruction of tubercle bacilli is all that is desired in tuberculosis of the lungs, it can perhaps be accomplished by attaching an oxygen tank to a nebulizer in which antiseptics are used in a watery solution.

DISCUSSION.

E. M. Sutton, of Peoria: It seems to me, the point the doctor makes in regard to the

nutrition of the patient following and before operation needs a little of the attention of the surgeon. Quite recently I have had some experience with the starvation diet in the long-continued cases of appendicitis. One patient, a young girl, who had chronic appendicitis and was under my care, could not be built up. After the operation she began to build up much more rapidly. But she was kept a little time on a light diet before operation and a short time after the operation, and then, as we started to feed her, there were pains and trouble came on, and medicines became necessary. I think she took large doses of arsenic and of quinine, and various cathartics. Finally, her kidneys became inactive, and she took some powerful diuretics, and this was the straw that broke the camel's back. All over the body petechiae appeared; her gums began to bleed. There were petechiae on the mucous membranes and conjunctiva, all over the thighs and face, and where they were scratched the patient would bleed. At one time they applied iron to stop bleeding. All medicines were stopped then, and not another one given. The patient was fed on rhubarb sauce and had a regular scurvy diet treatment, and without any medicine she was brought out of a serious condition. When the bowels moved, there was blood in the stools; when urine was passed, it was apparently almost pure blood, and clots would form in the vessel. The legs and thighs were badly swollen, but complete recovery took place.

I recall another case, which occurred four weeks following confinement. The patient had been tided over confinement and had suffered on the third day from an attack of appendicitis. Three days following the operation, while the starvation had been going on, petechiae occurred on the body, and symptoms of scurvy manifested themselves, the symptoms disappearing after proper feeding.

The points brought out by the essayist are all right. Nutrition should be increased, but not by medicines particularly, but by good and proper feeding. The patient should be fed up to the time of the operation, as is directed by Dr. Ries, and as soon after the operation, as possible.

Weller VanHook, of Chicago: Mr. President: Those who are in the habit of treating many surgical cases are obliged to give considerable attention to the points brought out by Dr. Coleman. In one of the hospitals of Chicago in which I do some surgical work patients die from surgical operations who, under other circumstances, would recover. This hospital is a charitable institution, and the patients are drawn from the lower walks of life. They are often admitted to the hospital in an anemic condition, and their resisting power is low. This experience has served more than anything else to convince me of the desirability of having our patients well nourished before undertaking surgical work.

As to surgical patients being denied means of relieving pain, I hardly believe the charge well founded. In almost all well regulated hospitals, surgical patients are given such relief by morphine and other analgesics as is compatible with their welfare in other directions.

The Illinois Medical Journal.

The Official Organ of the State Medical Society.

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Gynecological—C. S. Bacon, M. D.
Medical Society—F. X. Walls, M. D.
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Neurological—C. H. Lodor, M. D.
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Rush College—J. B. Herrick, M. D.
Society of Internal Medicine—Robt. B. Preble, M. D.
South—J. S. Davis, M. D.
Southwestern—Thos. J. McGonagle, M. D.
Surgical—D. N. Eisendrath, M. D.
West—Gustavus M. Blech, M. D.

All communications should be addressed to the Editor, 522 Capitol Ave., Springfield, Illinois.

The Society does not assume responsibility for any statements or opinions published in the JOURNAL.

The JOURNAL is published monthly. The subscription price is \$3.00 per annum in advance. The JOURNAL is furnished free to the members of the Society.

Entered at the postoffice in Springfield as second class matter.

APRIL 1902.

IMPORTANT NOTICE.

President McAnally has appointed the Legislative Committee to have charge of a preliminary meeting to be held in Quincy on the Monday (May 19) preceding the opening day of the annual meeting of the Illinois State Medical Society. This is in accordance with the following resolution, which was passed at the meeting held in 1900, "That a committee of three be appointed by the president of the State Society to meet the afternoon

of the day preceding each annual meeting. All members of the State Society shall be invited to meet this committee, and at the preliminary meeting questions of material interest to the profession shall be discussed, and recommendations made by this committee." Those who were present at this preliminary meeting last year will testify to the exceedingly profitable discussions which were held, and the practical work accomplished.

This was all much to the relief of the

scientific sessions, which were not interrupted by prolonged business discussions. All the reports of this preliminary meeting were adopted by the State Society almost without discussion.

The preliminary meeting this year will convene at two o'clock at the Court House, and will continue throughout the afternoon and evening. It is exceedingly important that this meeting should be largely attended. The Legislature meets this year, at which time it is proposed to present a bill for establishing a Board of Medical Examiners, and improving the Medical Practice Act. A number of other important measures, such as a bill for reorganizing the State Board of Health; a bill for establishing Sanatoria for the tuberculous; a bill for establishing an Epileptic Colony, are among those which will come up for consideration. Of equal importance with any or all of these subjects will be the proposed new Articles of Incorporation for the State Society which will be presented for discussion at this preliminary meeting (see text of Articles of Incorporation published in this issue). These articles are designed to bring the Society of Illinois into harmony with the new constitution adopted at the last meeting of the American Medical Association, and to bring every local society into closer relation to the State Society. Every local society in the State should send delegates to this preliminary meeting, and every member of the State Society, whether a delegate or not, should make it a point to attend and take part in these preliminary discussions. A large and representative gathering of the local society members is what is desired. We would like to hear from every section of the State, and to know the sentiments of the physicians in

every section on the above questions. We would also like reports from all sections of the State regarding the attitude of the members or prospective members of the Legislature to the subjects proposed.

We trust that this meeting may be largely attended, and profitable to all.

Signed Carl E. Black,
Chairman of the Legislative Com.

Committee—

Carl E. Black, Jacksonville.

J. A. Egan, Springfield.

E. Fletcher Ingals, Chicago.

THE DISGRACE OF ILLINOIS AND AMERICA

For nearly four years smallpox has prevailed in the United States to an extent heretofore unknown. In the east the disease has been of the usual severity. While in the western parts of the country the epidemic has existed in a form of unusual mildness occasional cases of the most malignant form have not been unknown and the aggregate number of deaths from this mild disease would be found to be considerable and some very valuable members of the afflicted communities have died. During the past month a prominent editor of southern Illinois and several prominent citizens of other parts of this State have succumbed. It is safe to say that there has been in this time more than ten times as many cases of smallpox in Illinois with a population of five millions than in Germany with her fifty millions of inhabitants. In matters relating to the public health we might often sigh for that benevolent despotism of Germany which safeguards the wellbeing of the inhabitant by compulsory vaccination and official disapproval of Christian science and like fads. We hope that the teachings of the present epidemic will be brought before the next legislature

in such a manner that the disgrace of an epidemic of smallpox in Illinois will not hereafter be felt. The prevalence of the disease in any form at this time is a sign of stupidity entirely discreditable to our civilization.

JEKYLL AND HYDE.

Some years ago the literary world was startled by the appearance of Stevenson's fictional story of Dr. Jekyll and Mr. Hyde. Similar cases of double life are frequently found in the annals of crime. Unless evidences are very deceptive it would appear that certain medical men are attempting to play a similar double role. The particular cases we have in mind are found in Chicago, which has now reached a size where men can hide themselves for a time in the crowd. We say for a time because sooner or later these misdeeds are discovered. One of the miscreants recently uncovered by the efforts of this Journal was hiding in the shadow of one of the honorable fraternal orders. • He evidently paid his dues promptly and was known to his brethren in Chicago as an honorable man. At the same time he was swindling innocent invalids in the interior of the State. Another case has come to our attention, which would seem to show that a graduate of one of the best schools in Chicago has associated himself with a product of a diploma mill. The graduate of the high class school ostensibly is doing a legitimate practice in one of the prominent down town streets while at the same time he is the alleged resident physician of a fake institute for which the mill made man is seeking victims in the interior. Still another instance is the case of a person posing as an honorable practitioner and a member of the leading Chicago societies who has sought to shield a pirate from

the legitimate results of his misdeeds by writing a letter in the pirate's behalf. We have the names of these persons and it may be necessary some day to remove the mask behind which stands some very disgusting examples of Jekyll and Hyde.

CHRISTIAN FENGER.

Twenty-five years ago a man of middle age, of awkward appearance, of halting speech, with no ability to advertise himself, and poor of purse, landed in that whirlpool of human activity, Chicago. The profession of medicine there as now was overcrowded. Tradition says that this poor immigrant only halted in this city because he had no money to journey farther. He labored, he persevered, he conquered. On the sixtieth anniversary of his birth the entire profession of the new world took pleasure in testifying to his learning and worth. When he died last month the loss was felt by every scientific practitioner in the world. No man ever compelled success through greater adversity. No success was ever more thorough and unequivocal. Fenger is gone but not forgotten. His influence will endure as long as scientific medicine finds an adherent in the great West of America. *Requiescat in pace.*

THE SUPREME COURT AND THE MEDICAL PRACTICE ACT.

An unfortunate *lapsus memoriae* led us into the error of stating that the highest court of the State had not passed on the power of the State Board to revoke a license granted under the previous acts. The error was discovered while the Journal was going through the press, but too late for correction. Since then several members have called attention to the matter. The error will not be without benefit however, if it will serve to impress upon

our minds the necessity of a new law giving the Board power to purge the profession of the frauds and criminals who now take refuge behind the evident legislative error.

THE QUINCY MEETING.

Members should not forget the annual meeting at Quincy which really begins on May 19th, when the preliminary session will be called to order under the auspices of the Legislative Committee for the informal discussion of the new constitution and by-laws and of the new act regulating the Practice of Medicine in Illinois. On Tuesday the regular session begins, and as all the sections are filled to overflowing with papers, there will be an unusual treat. We expect to see an attendance of not less than six hundred. Let every member make an effort to attend. If you cannot come for four days, come for one or two.

THE NEW CONSTITUTION.

In this issue will be found the report of the committee appointed at Peoria to prepare a new constitution. We believe this is a very strong document and will bear the closest scrutiny. We hope that everyone of our readers will give it a careful reading and if any suggestions occur to them that they will communicate with the members of the committee either personally or through the columns of the Journal. The whole matter will come up for final revision at the preliminary meeting, Monday, May 19, which will be held under the direction of the legislative committee.

MOVEMENT FOR NEW SOCIETIES.

Just as we go to press President McAnally writes that he has initiated a combined effort to organize new county societies. Each officer of the State Society

is to be assigned one or more counties in which to labor. We believe great success will attend this effort.

Correspondence.

SHOULD HYPERTROPHIED TONSILS BE REMOVED?

Chicago, March 6, 1902.

Editor Illinois Medical Journal.

Dear Doctor: I wish to correct an erroneous impression which would be derived from reading Dr. R. C. Matheny's article in the March number of the Journal. He says, "In a town of 800 inhabitants, there are 4 practicing physicians. * * * One of them said to me not long since that he had performed 85 tonsillotomies in the last year. He said that if there was a tonsil to take out he took it out and he attempted to justify his practice by saying that a certain text book recommends it. I am sorry to say that he spoke nearly the truth, for you would infer from reading this text book that any tonsil which can be seen is hypertrophied and hypertrophied tonsil should be removed. Without commenting on the safety or unsafety of following Dr. Ingals advice, etc."

I wish to call the attention of the readers to what I have actually advised in such cases. Ingals Diseases of the Chest, Throat and Nose 4th Edition, 1900, page 434, paragraph 2. Published by Wm. Wood & Co. "I have not been in favor of removing tonsils that were not large enough to interfere with phonation or respiration, unless they were subject to frequent inflammation, but if Kruchmann's and Dieulafoy's observation should be confirmed, tonsillotomy should generally be recommended whenever hypertrophy is pronounced. In young children when the glands are soft, the repeated application of powdered alum or other astringents, or the use of counter irritation at the angle of the jaw or the internal administration of the Syr. of Iodine of Iron

or some other preparation of Iodine, will occasionally cure the disease."

This certainly does not seem to justify the statement made in the article referred to. I have for years taught that tonsils should *not* be removed *simply because they could be seen, but only when they* cause some decided inconvenience. It is possible that the researches of Kruchmann and Dieulafoy make this teaching too conservative; however, I know of nothing that would justify the removal of all tonsils that were slightly hypertrophied.

Yours truly,

E. Fletcher Ingals.

HOTEL ARRANGEMENTS AT QUINCY.

Members will do well to note the following letter from the proprietor of the Newcomb Hotel:

To the Editor, Dear Sir: Your letter of the 15th at hand, and in reply will say that I intend to handle this convention without reserving rooms, as by doing so for previous conventions have caused much annoyance and dissatisfaction for the trade as well as myself.

They write for rooms so far in advance and then at the last moment they change their minds, and say that they are not coming, then again they wire that they are coming and on their arrival here find the house is filled up and then blame us. Then again some of them arrive the day before purposely to engage their rooms and the next day someone has the room engaged by mail a month previously, and it is almost impossible to turn the occupant of the night before out, so I intend to treat them all the best I can, first here first accommodated until the house is filled, trying to do all in my power to make it as pleasant and successful for the State Medical Convention as possible.

Yours truly,

C. HENRY FOSGATE.

New Incorporations.

The Secretary of State at Springfield has licensed the following corporations:

The Lymphine company, Chicago; mercantile and manufacturing; capital stock, \$2,500; incorporators, Jacob H. Graf, F. W. Raymond, and F. T. Sullivan.

The Dr. Jackson Remedy company, Chicago; capital, \$50,000; manufacture proprietary medicines; incorporators, Clyde O. Garmire, Frank MacCoy, and W. B. McDonough.

Dr. Dailey Remedy company, Moline; to manufacture and deal in medicines and merchandise; capital stock, \$25,000; incorporators, O. S. Dailey, B. W. Avery, and S. W. Odell.

Rheumatism Magnet company, Chicago; to manufacture proprietary medicines; capital

stock, \$2,500; incorporators, Charles A. Murphy, William H. O. Melia, and Harry Hoffman.

Hygienic Milk and Cream company, Kewanee; creamery business; capital \$10,000; incorporators, Edward M. Vail, Edward J. Ray, and L. Edward Nobling.

REPORT OF THE COMMITTEE ON REVISION

of the

CONSTITUTION AND BY-LAWS

of the

ILLINOIS STATE MEDICAL SOCIETY, 1902.

In the following report it has been our aim to revise the Constitution and By-Laws of the State Society to meet our present needs and to harmonize with that of the American Medical Association, providing as far as practicable in the By-Laws for local conditions. In order to obviate the personal responsibility which now exists of each member of the society for each and every debt of the society we recommend incorporation of the society at once under the laws of the state of Illinois under the provision of incorporations not for profit. To meet the requirements of this law we have substituted "Articles of Incorporation" for Constitution, and have provided Article XI. that amendments to these articles may be made at any regular annual meeting.

In Article III. Section 7, we have provided a standard for membership which we believe meets the highest ideals of the true physician and gentleman, and in Section 11 of the same article we have provided a measure for the prevention or cure of unfortunate rivalries, for the prevention of acrimony where rivalry does exist and for securing harmony and the widest possible cooperation of physicians in the work of the society.

Articles of Incorporation (or Constitution)

ARTICLE I.—Title of the Society.

The name and title of this Society shall be The Illinois State Medical Society.

ARTICLE II.—Object of the Society.

The object of this Society shall be to federate into one compact organization the medical profession of the state for the purpose of fostering the growth and diffusion of medical knowledge, of promoting friendly intercourse among physicians, of safeguarding the material interests of the medical profession, of elevating and improving the standard of medical education, of securing the enactment and enforcement of desirable medical laws, of enlightening and directing public opinion in the problems of state medicine and upon all subjects relating to state and county public charities, asylums, hospitals, and other institutions. A further object shall be to bring the medical profession of this state into close affiliation with the National Association.

ARTICLE III.—Composition of the Society.

Section 1. This Society shall consist of

Resident, Non-Resident, Life, Honorary and Associate members.

Sec. 2. Resident Members.—Resident members shall consist of all of the members of all county or district societies or associations, that are organized in harmony with the spirit and objects of, and which shall become branches of the Illinois State Medical Society.

Sec. 3 Non-Resident Members.—Non-Resident Members shall consist of such former members of this Society in good standing as shall have become residents of other States.

Sec 4. Life Members.—Life Members shall consist of such Resident members, in good standing as shall have paid their full annual dues and all other obligations to the society for twenty successive years, and of such worthy members as the Society may designate by unanimous vote. They shall receive the Journal of the Society and enjoy all the privileges of Resident Members but shall be exempt from payment of the annual dues.

Sec. 5. Honorary Members. — Honorary Members shall consist of not more than ten physicians of other States, Territories, Island possessions or Foreign Countries who have risen to prominence in the profession of Medicine who may be elected by a nine-tenths vote of the House of Delegates at any annual meeting. They shall be entitled to all the privileges of Resident Members.

Sec. 6. Associate Members.—Representative teachers and students of allied sciences, not physicians, may become associate members by a nine-tenths vote of the House of Delegates at any annual meeting and shall be entitled to the same privileges as Resident Members.

Sec. 7. The prerequisites for membership shall be a liberal education, according to the standard in vogue at the time of the individuals graduation, and honorable, gentlemanly and professional conduct. School of graduation shall be no bar to membership providing the applicant does not profess to practice any exclusive system of medicine.

Sec. 8. When Members lose their good standing in the community where they reside or when they lose their good standing or membership in their county of district societies they shall cease to be members of this society. Any member shall be liable to censure, suspension or expulsion for dishonorable, ungentlemanly or unprofessional conduct, or for non payment of dues.

Sec. 9. Any Society' through its President and Secretary may make application to become a branch of the Illinois State Medical Society and upon the approval of the Judicial Council the Secretary of the State Society shall issue a certificate that such Society has been incorporated as a branch of the State Society.

Sec. 10. City Societies whose members constitute a large percentage of the physicians that belong to medical societies in any county, not already organized, may become the county organization for that county without sacrificing the original name, provided such society elects to do so and appropriately designates its function as for example, The Chicago Medical Society (for Cook County).

Sec. 11. Rival Societies.—In cases where for any reason two rival organizations occupy the same territory both may be recognized providing that representatives from the one properly organized and first applying for recognition shall be received first, and that no representative shall be received from the second organization until it has an independent membership as large as the number required of any Society for each additional representative, (i. e. 75 at present or whatever other number may be decided upon in the future. See Article 5, Sec. 1.); providing that for purposes of representation every person who belongs to both organizations shall be counted only with that one of which he has longest been a member, and providing the officers of such organizations shall furnish the Secretary and Treasurer of this Society with an authentic alphabetical list of their members and their date of election plainly designating to which organization every member should be accredited for purposes of representation.

Sec. 12. Representation of District Societies. —For purposes of representation District Societies shall not be recognized excepting in those counties having no county organization.

ARTICLE IV.—Officers.

Section 1. The officers of the Society shall be a President, a First Vice-President, a Second Vice-President, a Permanent Secretary, an Assistant Secretary, a Treasurer, an Editor of the Society's Journal and nine Directors who shall constitute the Judicial Council.

Sec. 2. The officers shall be elected annually, beginning their terms of office at the close of the meeting electing them; except the Permanent Secretary, who shall serve during the pleasure of the Society; and the Directors who shall each serve three years—three being elected each year. The Editor shall be elected by the Judicial Council. Each officer shall serve until his successor is elected.

Sec. 3. The Elective Officers of the Society and the Chairman of the Standing Committees shall be ex-officio members of the House of Delegates but no member of the House of Delegates excepting ex-officio members shall be eligible for election to any of the offices mentioned in the foregoing sections of this article.

ARTICLE V.—House of Delegates.

Section 1. The House of Delegates shall consist of (a) one delegate from each county society or association a recognized branch of this Society (preferably the retiring President or in case of his incapacity the Secretary, or the ranking retiring Vice-President), and one other delegate for each additional 75 members or major fraction thereof after the first 75. (b) Two delegates elected by each of the component scientific sections of this Society.

Sec. 2. The House of Delegates shall elect all of the officers provided for in Article IV excepting the Editor. It shall elect the chairman of standing committees on arrangements, necrology, legislation and Medical Societies and the Delegates to the A. M. A. and to other societies apportioned nearly as possible among the vari-

ous county and district branches of the State Society. It shall elect the person or persons designated to deliver general addresses before the Society in the manner provided in the By-Laws, and it shall attend to all other business of the Society excepting that of a scientific character and any other business pertaining to the individual sections.

ARTICLE VI.—Branches.

The House of Delegates shall have authority to provide for and to create such branch organizations as may be deemed essential to the promotion of the welfare of the medical profession. It may, if deemed wise, divide the state into ten districts, for the purpose of more thorough organization and more effective work. Each of these districts shall have its central organization embracing all the local and country branches, within its limits, and shall have its president and secretary, who shall aid in any or all efforts authorized by the State Society.

ARTICLE VII.—Sections.

In order that its appropriate scientific work may be expeditiously and systematically performed this Society shall be divided into Sections, each of which shall be devoted to the encouragement and pursuit of knowledge in one of the recognized branches into which the science and art of medicine are for convenience divided. The sections shall elect their own chairman and secretaries. New Sections may be organized from time to time as the necessity for their existence arises and when authorized by the House of Delegates.

ARTICLE VIII.—Sessions and Meetings.

The Society shall hold an Annual Session during which there shall be held daily General Meetings: which shall be open to all registered members and delegates; daily meetings of the House of Delegates, and such meetings of the sections as may be necessary to transact their business. The place and time for holding each Annual Session shall be determined for each next succeeding year by the House of Delegates, but unless otherwise ordered the time for convening shall be the Third Tuesday in May and the session shall continue three days, or until the business of the meeting shall be completed.

ARTICLE IX.—Funds and Appropriations.

Funds for meeting its current expenses and awards from year to year may be raised by the Society by the annual dues, by voluntary contributions for specific objects, and from the profits on its publications. Funds may be appropriated by the House of Delegates in accordance with the articles of incorporation for defraying the expenses of its annual meetings; for publications; for enabling standing committees to fulfill their respective duties, conduct their correspondence, and procure materials necessary for the completion of their stated annual reports; for the encouragement of scientific investigation by prizes and awards of merit, and for no other purpose.

ARTICLE X.—Referendum.

Section 1. The Society at its General Session shall have the right to discuss questions re-

ferred to it by the House of Delegates and it may, by a two-thirds vote of the members present order a general referendum on any question pending before the House of Delegates.

Sec. 2. The House of Delegates shall, upon a two-thirds vote of its own members present at the meeting or upon a two-thirds vote of the Society at a General Meeting, submit any question by mail in sealed envelopes, to the general membership for final vote, and if the persons voting shall comprise a majority of the members, the majority of such votes cast shall determine the question, and this vote shall be binding upon the House of Delegates.

ARTICLE XI.—Amendments.

The House of Delegates shall have power to amend these articles of incorporation by a three-fourths vote at any regular annual meeting.

BY-LAWS.

CHAPTER I.—Membership.

Section 1. No Resident or Non-Resident member shall take part in the proceedings of the Society or of any of its Sections, until he has exhibited his credentials to the proper officer or committee, entered his name and address in full on the registration book, and paid his annual dues. He shall also indicate the Section to which he will officially attach himself.

Sec. 2. Resident Members who have complied with the foregoing regulations shall at all times be entitled to attend the General Meetings and the meetings of the Sections, and to participate in the affairs of the Society so long as they continue to conform to its regulations.

Sec. 3. No individual who shall be under sentence of expulsion or suspension from a branch Society (whether a directly affiliated county or district society or an indirectly affiliated local society) of which he may have been a member, or whose name shall have been dropped from the rolls of the same, shall be received as a member or shall be allowed to continue as a member of this Society until he shall have been relieved from said sentence or disability by such society; nor shall any person not a member of a local branch (affiliated medical society), be eligible to membership or be allowed to continue as a member in the Illinois State Medical Society.

Sec. 4. Any Resident member who shall fail to pay his annual dues for one year, unless absent from the country, may be dropped from the roll of members by the House of Delegates, after having been notified by the Secretary of the forfeiture of his membership.

CHAPTER II.—General Meetings.

The General Meetings shall include all registered members and delegates, who shall have equal rights to participate in discussions and to vote upon pending questions. Each General Meeting shall be presided over by the President, or in his absence or disability, by one of the Vice-Presidents. Before it there shall be delivered upon the opening day of each annual meeting, the address by the President, whose recommendations shall thereupon go to the House of Delegates for action, and at each following meeting such addresses on scientific sub-

jects as may be assigned to orators selected for the purpose. It shall have power to create committees or commissions for scientific work of special interest or importance, and to receive reports of the same, provided that any expense incurred in connection therewith by the Society must first be authorized by concurrent action of the House of Delegates and the Judicial Council.

CHAPTER III.—House of Delegates.

Section 1. The House of Delegates as far as may be consistent with the Articles of Incorporation shall be the legislative and fiscal body of the Society. Its sessions shall be open to the members of the Society, but, except upon invitation of the House of Delegates, only Delegates shall have a right to participate in its proceedings.

Sec. 2. Each county and district branch (or society) entitled to representation shall have the privileges of sending one delegate to the House of Delegates and an additional delegate for every 75 of its resident members, or major fraction of 75, over and above the first 75.

Sec. 3. The House of Delegates, once in every three years, shall appoint a committee of five on reapportionment, of which the President and Secretary shall be members. It shall be the duty of this committee to examine the membership lists of all affiliated county and district branches (medical societies), and to determine therefrom the number of delegates to the State Society to which each county or district branch shall be entitled for the ensuing three years, beginning with the annual meeting next succeeding that at which the reapportionment is approved by the House of Delegates.

Sec. 4. Members of the House of Delegates shall be elected for a term of two years, and those county and district branches entitled to more than one representative are requested so to arrange such election that one-half of their delegates, as near as may be, shall be elected each year.

Sec. 5. In order that each county and district branch may properly provide for a full delegate representation at each meeting of the State Society, it shall have the authority to elect alternates, who, upon presentation of the proper credentials, and their approval by the Judicial Council shall be empowered to serve as delegates. In the absence of the regularly appointed delegate, or alternate, the resident members from that branch, who are present at that meeting, may select one of their number, who shall represent that branch, and provided further that when only one Resident member is present from any branch society, he may represent that society in case he is in other respects eligible to the office of delegate, subject in every case to the approval of the Judicial Council.

Sec. 6. No one shall serve as a member of the House of Delegates who has not been a resident member of the Illinois State Medical Society for at least two years.

Sec. 7. Every Delegate from any county or district branch before being permitted to take part in the proceedings of the House of Delegates, must deposit with the Secretary, or other

designated officer or committee, a certificate signed by the President and Secretary of the Society from which he received his authority, stating that he has been regularly and legally elected a Delegate to the Illinois State Medical Society for a definitely stated term; and the delegates from the Sections shall present credentials signed by the Chairman and Secretary of the Section they represent. This certificate shall be subjected to review by the Judicial Council, and all disputes as to credentials shall be investigated by the Judicial Council and determined by vote of the House of Delegates.

Sec. 8. The House of Delegates shall approve all memorials and resolutions of whatever character issued in the name of the Illinois State Medical Society before the same shall become effective.

Sec. 9. The House of Delegates shall present a summary of the proceedings to the last General Meeting of each annual session of the Society, or it shall publish the same in a bulletin to be issued each day during the annual session.

Sec. 10. A majority of the members composing the House of Delegates who are present at any regular or special session, shall constitute a quorum for the transaction of business.

CHAPTER IV.—Nomination and Election of Officers.

Section 1. Election of the nominating committee. At the annual session, just before the close of the first meeting of the House of Delegates, the house shall elect a nominating committee of nine members in the following manner. Any number of nominations may be made in open meeting. All of these names shall be written on a blackboard where all can see them or upon ballots for every member and then each member shall prepare a ballot upon which he shall designate the names of nine only of those who have been nominated, for whom he wishes to vote. When the ballot has been counted the nine persons having received the highest number of votes shall be declared elected.

Sec. 2. Nominating Committee. It shall be the duty of this Committee, after consultations with the members of the Society to hold one or more meetings at which the assignment of the officers of the Society for the ensuing year shall be carefully considered. The Committee shall then, on the morning of the last day of the annual session, report the result of its deliberations to the House of Delegates in the shape of a ticket providing one, two, or three names for each office, but not more than one candidate for each office shall be named from any one county or district. Nothing in this section shall be construed to prevent additional nominations being made by the members of the House of Delegates.

Sec. 3. All elections shall be by ballot. The report of the nominating committee and the election of officers shall be the first order of business of the House of Delegates after the reading of the minutes on the morning of the last day of the annual session. Only those in attendance at the annual session at which the election occurs shall be eligible for election. The officers elected at each annual session of the

Society shall be installed at the closing General Meeting.

Sec. 4. Members may vote for Section officers only in that Section with which, upon registration, they have declared their intention of uniting. Section officers shall be elected in a manner similar to that provided for the election of officers by the House of Delegates; however, the nominating committee for each section shall consist of not more than three to five members.

CHAPTER V.—Duties of Officers.

Section 1. The duties of the President shall be those usually pertaining to that office. He shall also give the annual address at the meeting over which he presides and shall be ex-officio Chairman of the Executive Committee.

Sec. 2. The Vice Presidents in their order shall perform such duties as generally pertain to the office of Vice-President. They shall also serve as an Auditing Committee to whom the Treasurer's annual report shall be referred for examination and audit.

Sec. 3. The Permanent Secretary shall, with the aid of a stenographer, make a faithful record of the proceedings of each meeting, and at the annual session shall report the same to the House of Delegates and to the General meeting; he shall conduct the official correspondence; notify members of the meetings, officers of their election, and committees of their appointment and duties. He shall sessions for publication in the Journal and shall discharge such other duties as pertain to his office.

Sec. 4. The Editor shall be the General Manager of the Society's Journal known as the Illinois State Medical Journal, subject to the directions of the Judicial Council. He shall attend to all the business connected therewith and shall personally or by his responsible assistants carefully edit whatever is published therein, and shall make an annual report to the council at its annual meeting.

Sec. 5. The Assistant Secretary shall aid the Permanent Secretary as may be required. He shall be a resident of the place where the Society meets. He shall be a member of the Committee of Arrangements and of the Committee on Registration.

Sec. 6. The Treasurer shall have the custody of the funds, receive the dues of members, notify those in arrears at least twice each year, once immediately after, and once before each annual meeting; furnish an official list of members for the transactions, make an annual report which shall show the receipts and expenditures of the year ending with the day preceding the first day of the annual meeting, together with the number of members, the number in arrears, the names of those liable to suspension under Section 8, Article III. and the number dropped from the roll during the year, and shall perform such other duties as pertain to his office. He shall, with the Assistant Secretary, be a Committee on Registration. He shall give a bond for the safe keeping of the funds and the proper discharge of his trust. He shall advise with the Editor upon financial matters connected with the Journal, shall receive all money payable to the Journal and upon the order of the

Editor shall pay all the expenses of the Journal. He shall disburse no other funds of the Society except on the written endorsement of the President and Permanent Secretary.

Sec. 7. The duties of the Judicial Council shall be to consider all questions of an ethical or personal character involving the rights or standing of members. Such questions shall be referred to the Council without discussion, and the decisions of the Council thereon shall be reported promptly to the House of Delegates, and shall be final, if previously so ordered. The Council shall also act as a Board of Directors for the Society's Journal and its other property and shall fix the salaries of the editor, secretary and treasurer of the Society. It shall also consider any other matters that may be referred to it by the Society and shall keep a permanent record of its proceedings. The Judicial Council shall hold its annual meeting on the day preceding the annual session of the Illinois State Medical Society, at such place as it may determine within the State.

CHAPTER VI.—Standing Committees.

The Standing Committees shall be:
The Executive Committee.
The Committee of Arrangements.
The Committee on Registration.
The Committee on Publication.
The Committee on Necrology.
The Committee on Legislation.
The Committee on Medical Societies.
The Committee Comitatus.

Excepting as otherwise provided these committees shall be appointed by the retiring President after consultation with the Vice Presidents and Permanent Secretary of the Society.

CHAPTER VII.—Duties of Standing Committees.

Section 1. The Executive Committee shall consist of the President, the Permanent Secretary, the Chairman of the Committee of Arrangements and the Chairman of each of the Sections and the Editor. This Committee shall determine the character and scope of the scientific business and the order of the proceedings for each meeting, subject to any instructions of the Society or provisions of the by-laws, apportion the time as between the general sessions and the several Sections, and previous to each annual meeting prepare a program of the scientific and other business to be followed by the Society and the Sections as nearly as possible, which shall be issued by the Permanent Secretary.

Sec. 2. The Committee of Arrangements shall consist of five members, including the Assistant Secretary. It shall be the duty of this committee to provide suitable accommodations for the meeting under the direction of the Executive Committee and in general to have charge of all the local and material interests of the meeting, not otherwise provided for. This committee may collect rental for space used for exhibits at the annual meetings wherewith to defray the expenses of the meeting, but it shall not incur any pecuniary liability for the society without the previously written approval of the Judicial Council. After paying the legitimate

expenses of the meeting it shall cover any surplus into the general treasury.

Sec. 3. The Committee on Registration, consisting of the Treasurer and Assistant Secretary ex-officio, shall record the names, the post office addresses, and the local societies of those members in attendance who have paid their dues for the current year. The list of names so registered shall be the official list for use of the Society during that meeting.

Sec. 4. The Committee on Publication shall consist of three members of the Judicial Council and the Editor to be elected by the Council annually. The Committee shall have discretionary power to omit from the Journal any paper, addresses or discussion or any part thereof, on account of its length or want of preparation or of a failure to receive copy or proof promptly.

Sec. 5. The Committee on Necrology, consisting of three members, shall prepare suitable biographical notices of deceased members for publication in the Journal as soon as practicable after the death and shall make a full report at each annual meeting.

Sec. 6. The Committee on Legislation shall consist of three members, and the President ex-officio. The duties of this Committee shall be, to watch the course of state legislation on medical subjects, to represent the Society in securing proposed legislation, to recommend to the Society for its endorsement proper subjects for legislation, and to report the status of pending or proposed measures. This committee shall also aid the State Board of Health, and the various branches of the State Medical Society in prosecuting violators of the medical practice act.

Sec. 7. The Committee on Medical Societies, consisting of three members, shall use means to promote a more complete organization of the profession of the state in the county or district societies, and to establish reciprocal relations between them and this Society, and shall collect and report such a list and statistics of all local societies and branches of this Society as will be suitable for publication in the transactions. This list, as revised and adopted from year to year, shall serve as an official guide for all purposes of the Society or any of its officers or committees.

Sec. 8. The Committee Comitatus shall consist of the committee on Legislation with all other members of the society who wish to meet with it. The Chairman of the Committee on Legislation shall be the Chairman of this Committee. This Committee shall meet at 10 o'clock A. M. of the day preceding the annual session of the society and shall consider all questions of interest to the society that may be brought before it, and its report shall be made to the House of Delegates on the first day of the annual session.

Sec. 9. Each and every standing committee shall make an annual report in writing to the House of Delegates.

CHAPTER VIII.—Funds and Dues.

Section 1. Funds shall be raised by the Society for the objects for which it is organized, and an appropriation shall be made for the same.

Sec. 2. The annual dues of members, shall

be the subscription price of the Journal published by the Society which shall be \$3.00. It shall be payable at the beginning of each annual meeting.

Sec. 3. No member in arrears shall be entitled to receive the Journal, or to take any part in the meetings of the Society.

Sec. 4. No member or committee shall incur any pecuniary liability for the Society without a vote of the House of Delegates or the previous written approval of the Judicial Council.

CHAPTER IX.—Papers and Addresses.

Section 1. It shall be the duty of every member desiring to present a paper to the Society to communicate with the officers of the appropriate section and forward the title and an abstract of the same at least one month before the annual meeting.

Sec. 2. It shall be the policy of the society to receive only those papers that have first been presented to some county or district society where they may have been thoroughly discussed and as a consequence of which they have been revised; but it is preferable that such papers be not published in full before presentation to this Society.

Sec. 3. No paper or address shall be printed in the transactions unless it shall have been read in full or in abstract before the Society and referred by the Society to the Committee on Publication.

Sec. 4. All papers accepted by the Society thereby become its property but Members may have copies of their papers or addresses published in medical journals, provided full credit is given the Illinois State Medical Society and provided the original shall have first been delivered to the Secretary at the annual meeting.

Sec. 5. Papers announced in the printed program shall have precedence over all others.

Sec. 6. The reading of any paper shall not exceed twenty minutes.

CHAPTER X.—Miscellaneous.

Section 1. Reputable practitioners of Medicine who may be in attendance at any annual meeting may be extended the courtesies of the Society for that meeting, with the privilege of participating in the scientific proceedings when recommended in writing by two members and upon having received a majority vote. They shall be known as Invited Guests.

Sec. 2. In discussions, each speaker shall be limited to 5 minutes, and no one shall speak twice on the same subject without permission of the Society.

Sec. 3. Every member, before addressing the Society, may be required to give his name and address, which shall be announced by the chair.

Sec. 4. For the transaction of business other than scientific, by the whole society a quorum shall consist of nine members.

Sec. 5. Every member shall be registered before participating in any part of the meeting.

Sec. 6. Applying for membership and paying dues shall be held equivalent in the obligation of members, to a formal subscription to the Constitution and By-Laws.

Sec. 7. In discussions, a motion for the previous question must be supported by five members.

Sec. 8. On all questions of order not pro-

vided for by these regulations, Roberts' Manual shall be the guide.

Sec. 9. These By-Laws may be suspended or changed at any annual meeting by a three-fourths vote of the members of the House of Delegates who are present at that meeting.

E. Fletcher Ingals, Chicago, Chairman.
G. W. Webster, Chicago.
R. H. Babcock, Chicago.
C. B. Horrell, Galesburg.
E. E. Clark, Danville.

Committee.

Local Societies.

The Sangamon County Medical Society met in regular session Monday evening, March 10th at the Court House, L. C. Taylor, presiding. The minutes of the February meeting were read and approved. The president reported the following action as having been taken in the name of the Society in regard to the case of L. R. May:

The attorney for May made the proposition that his client would discontinue the practice of medicine in Illinois provided the prosecution should be discontinued at the present time, or in other words the case should be stricken with leave to reinstate. He was referred to Mr. Shutt, State's Attorney and to Mr. L. F. Hamilton attorney for the Society.

By vote of the Society the president was directed to pay the attorney's fees and present the bill at the next meeting of the Society. B. B. Griffith moved that a committee of three be appointed to draft a fee bill and report the same for consideration at the next meeting. Motion carried and Margaret T. Shutt, Munson and A. D. Taylor, were appointed.

Jos. Brayshaw tendered his resignation as a member of the Board of Directors because of his removal from the county. Resignation was accepted and the president directed to fill the vacancy by appointment.

Bills of Phillips Bros. and Secretary allowed.

A. L. Brittin presented the following paper on "The management of pregnancy and parturition when complicated by organic disease of the heart."

Perhaps no more perplexing problem ever confronts the general practitioner than the care and management of a case of pregnancy complicated by organic disease of the heart, whether such disease be located in the muscular structure of the heart, or in the valves, as in either event the condition is one which involves the welfare of the mother and of the unborn child. Organic disease of the heart is, as is well known, frequently associated with renal lesions, manifested by albuminuria, tube casts, etc. Without doubt many women who suffer from slight valvular trouble, which is compensated by hypertrophy of the cardiac muscle, pass safely through repeated pregnancies without special discomfort. It is claimed by some good authorities that repeated pregnancies are frequently followed by endocarditis which results in valvular damage and resulting

trouble from this cause. Personally I have made no observation along this line.

The most dangerous form of heart disease to the pregnant women, by far, is Mitral Stenosis, and Marshall and Duckworth have demonstrated the preponderance of this particular form of heart lesions in women. The symptoms are often not well marked, consisting of palpitation, dyspnoea, and in some cases pain and depression are noted. Bronchial catarrh is usually present. The want of concurrence between the cardiac systole and the impulse given by the pulse wave is an important diagnostic point. Many cases have been reported illustrating the occurrence and fatal termination of such cases; of 14 cases reported by McDonald, death resulted in 9; Porak saw 8 fatal cases out of 13; Remeyin saw 19 cases, 11 fatal. In double mitral; 7 out of 8 of Hart's cases were fatal.

According to the American Text Book of Obstetrics in one-half of the recorded cases pregnancy has been interrupted without interference and the mortality has been 50 per cent. The same authority lays stress on the predominance of the pulmonary symptoms as a diagnostic point in mitral stenosis. The mortality rate in cases of mitral stenosis is more than 50 per cent. Aortic lesions give a mortality of 23 per cent. Mitral insufficiency 13 per cent., and complex lesions of the heart 50 per cent.

Each individual case of heart lesion of any variety complicating the pregnant state should be treated on its own individual merits, and should receive the best thought of which the attending physician is capable. The patient's general condition should be especially looked after, the emunctories of the body should be kept functionally active, excitement and over-exertion should be guarded against, the urine should be examined from time to time and if found albuminous, treatment for this condition should be instituted at once.

In my opinion almost all cases of organic diseases of the heart, especially valvular troubles, do well on some good standard preparation of digitalis, cautiously administered, and if there be associated anemia, some preparation of iron; a favorite one with me especially if there be a renal lesion or albuminuria is the old, time-honored, Basham's Mixture, freshly prepared, and administered in tablespoonful doses three times a day. If the symptoms of circulatory embarrassment become pronounced and dyspnoea urgent, with syncope, the question of inducing labor arises, and in such cases should not be delayed as the mother's life will depend upon emptying the uterus and establishing a normal balance of the circulation. Labor should be terminated as quickly as possible consistent with the integrity of the maternal soft parts, rapid dilatation of the cervix being performed and the contents of the uterus removed at whatever stage of the pregnancy it may be, without reference to the integrity of the fetus.

As general practitioners and family advisers the question often confronts us, whether or not to advise a young girl or an unmarried woman whom we know to be suffering from an organic

heart lesion to marry and assume the risks to life and health attendant on probable pregnancy and maternity. In such cases I believe it to be our duty to plainly state the facts to the individual, candidly stating the risks involved and then allow each to settle the question for herself. As general practitioners we should be especially watchful of young girls who are under our care for rheumatic fever and allied troubles, and use every means at our command to limit, so far as possible, all cardiac lesions resulting therefrom. Frequently we are asked to prescribe for some apparently mild case of articular rheumatism or some one of the acute exanthemata which appear on the surface to be insignificant, yet it is in just such cases as these, if neglected, we find that some trouble with kidneys or heart appears later on; such cases merit our closest attention not only for the present, but future welfare of the patient, as well.

As to the management of labor in the class of cases referred to, every effort should be put forth to expedite labor as much as possible; the patient should not be allowed to assume any position except upon the back with the head moderately low, cardiac stimulants, chief among which is strychnia, should be administered, all undue efforts at straining should be discouraged, dilatation of the os should be effected as soon as possible and the labor not be permitted to become tedious, and the appearance of undue respiratory or circulatory embarrassment calls for immediate delivery by forceps or version, without anesthesia, if possible, if not, ether should be used. According to Webster, the conduct of the third stage of labor consists in manual detachment of the placenta, thus favoring some loss of blood, avoiding the method of Crede and also withholding ergot. The loss of considerable quantity of blood favors the re-establishment of the circulatory equilibrium and relieves the burdened heart. Other equally good authorities maintain that there should be no avoidable loss of blood and no shock and in this way, so far as possible, conserve the patient's strength. In my opinion each case should be treated on its merits, and if the patient's condition seemed such as to make blood-letting advisable, act accordingly, but if the patient seemed weak and anemic I should favor no blood loss, which could be avoided. Throughout labor Strychnia, in full doses, should be given hypodermatically, as well as ether, alcohol or camphor by the mouth or with the hypodermic syringe. We must bear in mind the liability to a fatal termination after the patient has passed through the labor, and we should not consider the patient out of danger nor relax our care for considerable time. After we have done all we can along the lines indicated, and given our patient our best skill, we must expect to have a mortality rate much higher than we should like.

Mat. M. Hill, Springfield, read a paper entitled "The use of the microscope in Gynecological diagnosis, with demonstrations by specimens." He first illustrated the normal histology of the parts under discussion by means of colored crayons, and in a similar way illus-

trated many pathological conditions. After which, by means of several microscopes and an extensive private collection of specimens, each member present had an opportunity to examine specimens showing the normal and the various pathological conditions of the female genitalia.

R. D. Berry said that in cases of pregnancy complicated by heart disease the prognosis would be more favorable if the physician could see the patient some months before confinement, though too frequently this was not the case. He quoted an authority as saying that 21 to 51 children born to mothers with organic heart disease died before reaching the age of six. He thought it advisable to use an anesthetic in these cases. Margaret T. Shutt gave the history of a case in which there was an aortic regurgitation. The patient passed through labor without mishap, but the child died; the heart enlarged during labor, which enlargement still continues, two months after delivery. S. E. Munson advised that microscopical examination of scraping of uterus should be made in treating diseases of this organ. Drs. Brashaw, A. D. Taylor and J. W. Kelly also participated in the discussion. Dr. Brittin, in closing, said, in reply to an inquiry, that hypertrophy did not follow the use of Digitalis. In labor he advised the use of Strychnia in large doses. He wished to emphasize the importance of early examination of the heart in all cases of pregnancy.

G. N. Kreider exhibited a patient who had sustained a severe injury to the arm by being caught between the bumpers of two cars, the ulna being fractured near the elbow joint. Dr. Kreider also showed a skiagraph of the injured bone. He also presented F. S. O'Hara's case of a compound fracture of both bones of the forearm, in which a most satisfactory result was attained.

There being no further business the Society adjourned.

F. B. Fisher, Official Reporter.

The Chicago Pathological Society met January and February. An abstract of the papers presented is taken from the Journal of the Society. The absorption and incrustation of elastic fibers in giant cells. Ludvig Hektoen.

The literature bearing on giant cells and elastic fibers is summarized by Peter Rona. Sondakevitch observed concentric fibers within giant cells, probably the result of calcareous infiltration. Rona demonstrated calcareous infiltration of elastic fibers in the giant cells of hipus and showed that many of these fibers were impregnated and covered with iron. Similar findings occurred in leprosy tissue. Calcareous incrustation and siderosis, which may occur upon the same fiber, were not observed outside the giant cells.

1. Giant Cells Containing Ferriferous and Calcareous Elastic Fibers in a Healed Hemorrhoidal Nodule.

In the sections from a rather firm nodule, appearing at the anal margin sometime after the excision of hemorrhoids, are giant cells, like the so-called foreign body giant cells. Many contain peculiar, variously shaped bodies,

which show ferruginous incrustations, others appear to be calcareous. Some giant cells surround the ends of elastic fibers. Staining for tubercle bacilli negative.

2. Solution of Elastic Fibers by Exudate and Within Giant Cells in an inflammatory Focus.

The tissue from an enlarged and bulbous nose. Scattered among the cells and also in the giant cells are many elastic fibers of varying lengths. In some the giant cells contain vacuoles in which the fibers lie either straight or curved, some are curled up.

The inference is that the inclusion of elastic fibers by giant cells is not peculiar to tuberculosis and similar diseases.

Cholestrin Crystal Giant Cells. E. R. Le Count. The occurrence of cholestrin crystals in tissues and as a cause of giant cell formation have been noted by a number of observers.

These have been found in the nodules of arterio-sclerosis, tumors of the eye, slowly growing carcinoma, sebaceous cysts and in polypous growths of the middle ear accompanying chronic suppuration.

Although this form of foreign body giant cell is fairly well known to pathologists; there are but few allusions to them in the literature.

LeCount reports the pathological findings in a tumor mass removed from the scrotum by W. H. Hunter. Two years previously, the man had suffered from orchitis.

Macroscopic: An oval mass one inch in length by one-half inch thick which lay loosely in the fibrous capsule behind the testicle.

Microscopic: Sections through this mass show its essential nature to be that of granulation tissue, but exceptional in the enormous number of peculiar giant cells. Between the cells cholestrin crystals are found. The alcohol in which the specimen was kept, showed upon chemical examination, large amounts of cholestrin.

He found a similar arrangement of cholestrin crystals in a carcinoma originating near the mastoid process. Cholestrin crystals injected into guinea-pigs produced giant cells similar to those found in the tumors.

A clinical report of a case of carcinoma of the head of the pancreas with exhibition of specimens, Frank Billings.

Patient, male, German, leather worker by trade, age 53, family history negative, illness began five months before admission to hospital.

Then he noticed a slight dizziness and weakness on rising, he was told his eyes appeared yellow. A general jaundice followed, becoming intense, with much itching of the skin, he lost much in weight, bowels loose with large stools.

The examination on admission showed an emaciated jaundiced patient with sclerosed arteries. Negative findings in the lungs and heart, liver dullness beginning in the fifth interspace in the mammary line and extending three fingers' breadth below the costal border. The left lobe of the liver appeared larger than the right and was nodular and somewhat tender to the touch. The abdominal muscles were so rigid that it was impossible to tell the condition of the gall bladder. Spleen not palpable. The urine a large amount of bile pigment, no sugar.

While in the hospital, the pulse was slow. Subnormal temperature, appetite poor, was sleepy, drowsy and indifferent as to the final outcome of his disease.

Blood examination showed 2,840,000 reds; 3,700 whites 58 per cent. hemoglobin, time of coagulation 12 minutes.

During his stay in the hospital he had no nausea, vomiting, pains, chills, fever, or sweat. Death two months after admission.

Autopsy made by Professor Hektoen revealed carcinoma of the head of the pancreas; biliary obstruction; dilatation of the gall bladder and hepatic ducts; with general jaundice; biliary cirrhosis; cystic dilatation of the pancreatic ducts; secondary carcinoma of the liver, peripancreatic and inguinal glands; chronic gastroenteritis; chronic ulcerative colitis; chronic nephritis; chronic pulmonary tuberculosis; adhesive pleuritis; sclerosis of the aorta; epitheliosis of oesophagus; Meckel's diverticulum.

Microscopical examination of pancreas, liver and glands show carcinoma.

The effect of formalin upon tuberculous guinea pigs. Martin H. Fisher and Theodore Ticken, who show after a very careful series of experiments on guinea pigs which had been inoculated with tubercle bacilli, that continuous peritoneal injections of dilute formalin solution rendered them a more easy prey to the disease, the injected pigs dying before the control. This seems to indicate that the use of formalin in the treatment of tuberculosis is more harmful than beneficial.

Demonstration of specimens from a case of death from an adrenal tumor, E. R. LeCount. Alveolar sarcoma originating in the left adrenal body weighing 2,300 grammes with metastatic growths in renal vein omentum, liver spleen uterus, and heart.

The Chicago Medical Society has held meetings as follows:

March 5—Program.

Medical Aspect of Cholelithiasis....R. B. Preble
An Analysis of Three Hundred and Twenty Operations Upon the Gall-Bladder and Bile Passages.

Wm. J. Mayo, of Rochester, Minn

Discussion will be opened as follows:

Diagnosis of Gall-Stones. Frank Billings
Indications for Surgical Intervention in Gall-Stones. J. B. Murphy
Remote Results of Flexures and Strictures of Cystic and Common Ducts.

Christian Fenger.
Recurrences After Gall-Stone Operations.

E. Wyllys Andrews
Relation of Gall-Stone Disease to Pancreatitis.

William A. Evans

The membership committee reported on the following applications: Martin Strand, Charles Blinn and F. P. Patton.

March 12—Program.

1. Congenital Double Dislocation of the Hip.
E. H. Ochsner
Discussion by T. A. Davis, J. L. Porter, and J. Ridlon.

2. Foreign Bodies Within the Eyeball.
A. B. Hale

3. The Accidents of Anesthesia, Their Prevention and Treatment. D. N. Eisendrath

4. Fallacies of Cystoscopy. L. E. Schmidt

The membership committee reported on the following applications: S. A. Friedberg, L. Fiengold, and J. A. Norris.

Notice was given that a change in the Constitution would be voted upon as follows: Article 1 shall read: "This Association shall be known as the Chicago Medical Society, the Cook County Medical Society."

March 19—Program.

1. Goiter in Its Relation to Puberty and Pregnancy. W. Cuthbertson
 2. Demonstration of Stereoscopic Skiagraphy. A. B. Hosmer
 3. Congenital Double Dislocation of the Hip. E. H. Ochsner
- Discussion by T. A. Davis, J. L. Porter, and J. Ridlon.
4. Foreign Bodies Within the Eyeball. A. B. Ha'e

5. The Accidents of Anesthesia, Their Prevention and Treatment. D. N. Eisendrath
6. Fallacies of Cystoscopy. L. E. Schmidt

The membership committee reported on the applications of S. R. Pietrowicz, E. W. Kleinman, J. B. Mahoney, L. L. Lowenthal, F. E. Hicklin, and W. R. Parkes.

March 26—Program.

1. Exhibition of Mastoid Cases and Specimens. W. L. Ballinger
2. Contribution to the Surgery and Pathology of Gastric Ulcer. Emil Ries
3. Report of a Case of Anesthesia of the Middle Division of the Fifth Cranial Nerve. H. N. Moyer
4. The Treatment of Stammering and Stuttering. J. M. Brown

The Membership Committee reported on the following applications: S. Orton, J. A. Patton, and S. R. Hurlbut.

The following circular has been sent to all physicians in Chicago, eligible for membership:

Dear Doctor: From the day of its organization until now, a full half-century, through the turmoil of the civil war and the panic of the great fire, the Chicago Medical Society has held regular meetings. A faithful line of secretaries has compiled and preserved its records, which now constitute its most precious treasure. These records, in ten manuscript volumes, are deposited for safe keeping in the Health Department's vaults in the city hall. They show the growth of the Society from its original score of members to its present roster of nearly eleven hundred. They are a review of the medical opinions and deeds of our predecessors. They are a memorial of the generation of physicians who nursed the infant Chicago and developed it to its splendid maturity; who dealt with the epidemics of cholera and smallpox, and the wounds and diseases of the civil war; who hewed out the straight and narrow path of professional rectitude and dedicated the medical profession of Chicago and the west to the service of humanity and science.

It has been deemed fitting that the semi-centennial anniversary of the foundation of the Society should be celebrated in some appropriate manner.

The purpose of this circular is to interest you in the matter, and to invite you to become

a member if you do not already belong to the Society. Any regular physician of good standing in the profession is eligible to membership. The application (a blank form is herewith enclosed) endorsed by at least two members of the Society and accompanied by the initiation fee and dues of the current fiscal year (which together amount to five dollars) should be mailed or handed to the Secretary, Dr. Walls, 4307 Ellis Ave.

The advantages of membership in this Society should be apparent. Its representative character and its large membership make it a powerful agent in the maintenance of medical standards and professional interests. Its clinical and didactic meetings keep its members in touch with progressive science and are an incentive to study and work. It stands in a parental relation to a number of affiliated societies (the Gynecological, Surgical, Neurological, Ophthalmological, Pediatric, Medical Examiners', and Pathological) which makes the membership in it a pre-requisite to membership in these. The plan of compact organization of the medical profession, approved by the American Association and now generally adopted throughout the country, makes membership in both the State and National Societies. Membership in the Chicago Medical Society is a warrant of professional standing, which is accepted not only in the medical but in the business world. It is within the knowledge of the undersigned (and this should be noted by younger members of the profession) that membership in the recognized representative medical society of a locality is taken into account and is sometimes the determining factor in the matter of appointment to medical positions.

We invite you to become a member, and, if you are already one, we solicit your aid in bringing this subject to the attention of your medical friends who are not members.

EXTRACTS FROM MINUTES.

"At a convention of physicians held in Chicago, April 5th, 1852, at the office of Drs. Davis and Palmer, E. McArthur was called to the chair and H. A. Johnson appointed secretary. N. S. Davis offered the following resolution, which was unanimously adopted:

"Resolved, That we constitute ourselves a Medical Society, to be called Cook County Medical Society, and that we meet on the first Tuesday evening of each month for the purpose of mutual improvement and the cultivation of medical science. (Minutes, April 5, 1852.)

"Dr. Wickersham, chairman of the committee appointed to consider the propriety of changing the name of the Society, reported in favor of the same, and offered the following resolution:

"Resolved, That the name of the medical association known as 'Cook County Medical Society' be changed to 'Chicago Medical Society.' Adopted. (Minutes, Aug. 3, 1858.)"

It will be noted that the Society voted March 12, on the amendment to return to the original name in addition to the present name.

The Decatur Medical Society met Thursday evening, March 27, 1902. Vice-President Hoover presided. The minutes of the previous meeting were read and approved. A report of

the legislative committee reporting work done and outlining plans for the future was read.

J. N. Randall read a paper on "**Arteriosclerosis and kindred topics.**" The writer gave a very exhaustive discussion of this topic, dwelling especially upon the etiology. The paper was discussed by W. J. Chenoweth, M. V. Lonergan, E. A. Morgan and W. C. Bowers. C. Martin Wood read a paper on "**Alcoholic Neuritis with report of a case.**" The case was peculiar in that wrist drops without foot-drops occurred. The paper was discussed by W. J. Chenoweth, W. H. Bell and S. J. Bumstead.

C. Martin Wood, Official Reporter.

The Chicago Neurological Society held a regular meeting March 6, with President Daniel R. Brower in the chair.

Hysteria.

Elbert Wing reported the case of Miss H., aged 15 years, who complained of a constant ache in all of the teeth of the upper jaw, accompanied by tenderness in all of them, both the aching and tenderness being greatest on the right side. The pain is described as a dull, heavy ache, rather than sharp, cutting or lancing, varies somewhat in severity, and is present all of her waking hours. The tenderness is not great and not uniform in all of the teeth. The pain is influenced somewhat by cold, but not at all by heat. It is not increased by the acts of talking or eating. In May, 1901, the patient had an attack similar to this, in which the teeth of the lower jaw were involved. It began in a few of the teeth on the left side. Dr. F., her dentist, drilled into these, destroyed the pulps, and filled the root canals. This did not stop the pain, and finally the affected teeth were extracted. This treatment with variations ran the circuit of her lower jaw, until all of its teeth were extracted, and a plate of artificial teeth put in. About six weeks after the teeth were all extracted the pain, diminishing gradually, ceased. Six weeks after all pain ceased in the lower jaw, it began in the teeth of the right side of the upper jaw, and had continued until this examination was made, December 21, 1901. The dentist did not excavate or extract the upper teeth.

Three years ago the patient had what she described as "soreness in her scalp," which was not relieved until her hair was cut short. Then she had some trouble with her eyes, not inflammatory, in which she says she "almost lost her sight." Later she had attacks of spasms. She says that one doctor stuck pins in her and said that "there was nothing the matter with her." She has had no other illness, and menstruation is fully established, regular, and normal in every way.

Patient's father has had "nervous trouble," is now well, and the family history is otherwise negative.

Examination shows a young woman, five feet eight inches tall, large in proportion, in excellent general nutrition, and full mammary development. Appetite good; no symptoms of indigestion; bowels act normally, and sleep is good, except when disturbed by the pain in the teeth. Loss of sleep from this cause, she says,

is considerable. Patient's appearance is that of excellent health. When alone with the examiner, the patient's manner was quiet and free from peculiarity, except lounging in her chair, but when her dentist, who seemed familiarly acquainted, was present, her manner was petulant and capricious. The thoracic and abdominal organs were normal. Voluntary motive power was normal and symmetrical. Tests for touch and pain were made with a camel's hair brush, and common pin. Sensation to touch was slightly less throughout the left side. On this side there were areas of moderate size of diminished sensation over the upper half of the chest, the hypochondriac region, the outer and middle third of the thigh, and two places on the leg. There was absence of pain to the prick of a pin over and just above the left breast, and there was diminished pain sense in the areas partially anesthetic to touch, and slight anesthesia over left scapula. Epigastric reflex was slightly less on left side; abdominal walls symmetrical; elbow jerks were absent; knee jerks present and fairly symmetrical. The pupils react normally, and vesical and rectal control reported normal. There was moderate tenderness in the upper teeth, more pronounced on the right side, and some in the upper branch of the fifth nerve of the right side. There was no other tenderness. Physical examination was not carried further. The patient was referred to her home physician with the diagnosis of hysteria, and the usual outlined suggestions for treatment.

Harold N. Moyer asked if the patient had a mania for operations, to which Dr. Wing replied: "It would seem so."

Charles L. Lodor inquired whether there was any anesthesia of the mouth, and whether the teeth were sensitive or not.

Dr. Wing replied no.

Sydney Kuh recalled the case of a girl who presented herself at Czerny's clinic in Heidelberg, with the statement that she had swallowed a pin. She had considerable pain; her stomach was opened, and a pin was found in the wall of the stomach. Patient returned subsequently two or three times, wanting to undergo another operation. The suspicion of the surgeon was aroused; he refused to operate a second time, as he was firmly convinced there were no more pins in the stomach.

He also detailed a case of hysterical deception which occurred in the practice of a country doctor. The country practitioner sent the specimen to Edmund Andrews for examination, with a history that the girl had swallowed a snake; that she could feel it moving about in the abdomen, and insisted that something be done for its removal. But little or no attention was paid to her until one day they found her in front of the house quite ill apparently. She had vomited, and in the vomit there was a snake-like body, which was sent to Dr. Andrews for analysis, and it turned out to be the gut of some animal.

Daniel R. Brower mentioned a case which occurred in the practice of Dr. Fitch many years ago. It was stated that the woman's urinary secretion had been entirely suppressed

and that she was secreting urine by the gastric mucous membrane. He was called in consultation in this case. Dr. Fitch had the contents of the woman's stomach examined a number of times, and always found urine in the contents. He suggested to Dr. Fitch that she be put to bed and some responsible person be directed to watch her. This was done, and it was found that the woman would urinate and then swallow the urine.

Dr. Lodor mentioned a patient who had some of her teeth extracted on account of a supposedly distressing condition of them. She exhibited the usual stigmata of hysteria. She was referred to him with the recommendation that the dental nerve be trephined for excessive pain; but on examination he found nothing wrong with the patient's mouth, and said the case was purely hysterical.

C. H. Lodor,
Official Reporter.

The Physician's Club of Chicago held its regular monthly banquet at the Wellington hotel on the evening of February 24. In the absence of Moreau R. Brown, Harold N. Moyer acted as toastmaster. The subject presented for discussion was "Spurious Healers: The Complexion Specialist, Dowie, Scientist, et id genus omne. How can the Profession and the Public be Better Protected?"

Mr. Warwick A. Shaw, attorney for the Illinois State Board of Health responded to the first topic, "By Legal Measures." In a brief, direct and carefully worded speech Mr. Shaw explained the meaning of the present medical practice act, and showed how far, under its provisions, we could go in the legal suppression of quackery. He commended the recent decision of the Supreme Court in regard to the Gordon case and declared that in view of this decision the Board will now be better able to prosecute offenders. Heretofore the Board has been somewhat hesitating in regard to the prosecution of certain classes of cases because there was some fear of an adverse ruling on the part of the courts, which ruling might nullify the good sought for by those who originally framed the medical practice act. Continuing, the speaker then took up each of the class of quacks mentioned in the general subject and showed why or why not, they could be attacked by legal measures. The complexion specialist, for instance, is not a practitioner of medicine in the meaning of the law, but if certain medicines are sold by this class of individuals with the intention of healing or curing disease, then he thought they might be legally prosecuted. In general terms the law demands that some medicinal or mechanical means be employed to define the practitioner of medicine. If for instance the complexion specialist uses a needle in his work he is still not within the meaning of the statute, unless he uses the needle as a surgical instrument with the purpose of modifying a surgical condition. The decision of the latter point in the courts makes it difficult and uncertain as to the advisability, under the present act, of prosecuting this class of offenders. Criminal abortionists are clearly practitioners

of medicine and the Board is doing and has done valiant service in punishing them. Mr. Shaw urged all physicians to report all such offenders and as far as possible present to the Board evidences of their offense and no stone will be left unturned to bring them to justice. Faith healers cannot be prosecuted unless they employ medicinal and mechanical means in their treatment. There is no provision in law against the use of mental influences to work out cures and hence this class of quacks are enabled to escape prosecution. Christian scientists and Dowie, he thought, might be reached through the courts but to make sure of their suppression the law needs to be amended. The sale of the oxygoner and the mere fitting of gasses, is not regarded legally as the practice of medicine, but the speaker believed that the Supreme Court would probably decide against them if an indictment were entered in regard to them. They are clearly, in his opinion, mechanical means of attempting a cure and as such would be classified as surgical measures. Mr. Shaw reminded his hearers that it is far from being so easy as it seems to invoke the aid of the courts against these various classes of quacks. One of the greatest obstacles in securing a verdict against them is the sympathy of the jury, which in too many instances is on the side of the defendant. Verdicts are given at times directly contrary to the law.

The second speaker on the program was Fernand Henrotin who responded to the topic, "By the Education of the Public." He believed that we would get very little accomplished in our crusade against quackery by legal measures or by the aid of the press. Quackery always has and always will exist, both in and out of the profession. In the minds of the laity, the great principle of personal liberty is involved in legislating as to how or by what means a man may see fit to have himself treated when ill. The patient himself feels that it is an infringement upon his freedom if he is prevented from consulting whom he pleases. The same feeling is manifested on the part of the press. Hence we have little hope of ever securing enough legislation or adequate support of the press to bring about the complete suppression of quackery. Quackery is the shadow of true medicine and though it is as vapid and useless as a shadow, it is as real and as persistent as the solid body upon which it depends for its existence. The only relief to be hoped for is in higher education. Education—the higher education—is the watchword; both of the people and of the profession. Here the speaker spoke of the great educational systems and necessities if they would, and showed how in those counties where the higher education was most disseminated; quackery was least. How are the people to be educated? Not by the public press, for who are to write and be responsible for the articles? Moreover the press is too great an extent venal and cannot be depended upon. In general the higher institutions of learning, the great schools and universities, the more numerous they become and the more generally they are patronized, the less will the people take up with those fads

and follies that owe their existence to prejudice and ignorance. But in the suppression of quackery, the education of the masses rests most of all in the hands of the profession. But even the profession in some quarters is in need of higher education. There are regularly graduated physicians, licensed to practice, who are the worst sort of quacks. Most of them advertise in the newspapers, some of them do not. The profession needs to organize itself into a closer union and to weed out this class of men so that the average layman will be able to know who is the reputable and reliable practitioner and who is not, in spite of the fact of their both holding degrees from reputable medical colleges. Education and organization within the profession then are the most hopeful means of relief from quackery. As it is now, education is not so much disorganized as it is unorganized. There is a crying need for better post-graduate schools. There should also be more of them, so that they may stand as a center in every little community from which the streams of higher and better knowledge may pour and thus oppose for that community the ingress of the elements of ignorance, prejudice and superstition. Organization and education are therefore the best means of combating quackery. As a profession we must stand together and as reputable practitioners we must band together against the disreputables. We may use our personal influence much with our friends and patients, but our example as a strong, closely knit profession, standing for only the true and best in the science and art of medicine, will do more to put down quacks and quackery, than all other measures combined.

Mr. Victor S. Yarros, of the editorial staff of the Chicago Evening Post, was the next speaker and responded to the subject, "**The Responsibility of the Press.**" At the beginning of his address Mr. Yarros intimated that the press could not be held wholly responsible for what may appear in its advertising columns. In the first place the press is the voice of the people; it does not pretend to lead the people so much as merely to express the general sentiment of the community. Hence the so-called responsibility of the press falls back upon the people who give support to and utter their popular sentiment through the press. In the second place the press is a commercial, a financial venture and is therefore dependent upon its revenues for its very existence. In view of certain suggestions made by other speakers, the press would be forced to raise its price to ten cents a paper and that of course would be simply suicidal. But the whole of the press is not financial for in its news and editorial columns, the matter is presented to the readers in accordance with the best convictions of the writer. An editor who honestly believes in Christian science will naturally write in accordance with his belief. His judgment may be at fault in the eyes of the community, but he cannot be legitimately held as dishonest for his mere mental bias. The same holds good in regard to the news columns. No two people see an event, or a phenomenon in the same light. We are all subject to our own education,

peculiar modes of thinking and feelings; hence two reporters will give quite different accounts of the same thing. The speaker then delivered a long and most interesting analysis of the practice of medicine. He traced the early history of it when the priest and medical man were one. Then he showed how they became separate and distinct professions until the two became so sharply emphasized that the priest took entire charge of the mind and soul while the doctor took so'e charge of the body, using physical means. Besides adding to the expense and trouble of the laity, this sharp and completed separation of the two professions weakened the power of the latter. Today, in harmony with the great spirit of the age in fostering combinations, both for economy and greater efficiency, there is a tendency to recombine, as of old, the priestly with the medical function. The people are demanding it, but the profession is slow in recognizing that demand. Doctors are neglecting mental influences and depending upon physical means too much. The quack as faith healer is quick to note this and has for the time caught the popular attention. He works, professedly at least both as a medical man and as a sort of a priest. What the regular profession should do is obvious; give more attention to psychic healing, enter into the feelings of their patients more than they have done in the past and so combine in part at least the work left hitherto solely to the priest with the work of the mere physician. In regard to the power of the law on legislation and of the press in combating quackery. Mr. Yarros had small hope. He did not believe in legislation at all upon the subject and personally did not consider the recent decision of the Supreme Court of any value whatever. There was the great question of personal liberty in all such legislation, liberty which must not be violated. Children and the helpless mentally, of course, should be protected, but a man of sound mind, has a right to select his own attendant. One judge in New York recently decided that suicide was not a criminal act for even a man's life is his own to dispose of, as he sees fit. All political means of combating quackery should be abandoned. They are useless, provoke prejudice and are always circumvented by this class of individuals. The only way to protect the profession and through them the people is through the principle of the "survival of the fittest." The profession must show that it and it alone is able and fit to survive. The recent action of the Emperor of Germany in passing an edict against Christian science in certain official circles was foolish in the extreme, and will only provoke the cry of martyrdom. The surest, the most rational means of suppressing quackery is to constantly point out the evils of quackery, both by educational methods and by the legitimate professional competition. The laity will then see for itself the true and the false. The physicians themselves should be educated and taught to make themselves more than physicians and surgeons, they should learn to become the friend, the adviser, the intimate as well as the doctor of their clientele. When the profession does this, there will be no demand for quackery.

C. M. Oughton, the last on the program, read a paper on **Christian Science**, having been invited to do so because of his special familiarity with the subject as a result of having written a book against it. He first showed that the law could not be invoked to suppress this cult; as it was professed by a religious doctrine. The basis of medical treatment by Christian science methods is undoubtedly that of suggestion. The writer then gave a brief biography of Mrs. Eddy and an account of her teachings in which he exposed the glaring inconsistencies in both. He related some amusing practices of professed Christian scientists. In one a man prayed over his sick horse, the horse dying, however, for lack of faith. In another instance a woman was found praying in her vegetable garden and explained that her vegetables were dying because they were incapable of exercising the necessary faith in the coming of the rain. The authors know of many instances where Christian scientists had resorted to medical and surgical means of healing. One of their great readers, a man who stands the chance of being Mother Eddy's successor, has called in a physician for medical treatment a number of times, and even had a surgeon treat regularly his fractured arm. As Mr. Dooley says, in his summing up of the whole fad, Christian science. "It is one way of making the money!"

There being no further discussion the club adjourned about 10:45 P. M.

L. Harrison Mettler,
Official Reporter.

The West Chicago Medical Society has not been heard from for quite a while now. This is not the fault of the Society, but of its "official reporter," who on account of removal of his office and illness has been unable to attend to his duties as a reporter.

The Society has been eminently successful and has come to stay. It is rather surprising to learn that attempts to organize the physicians of the west side of this city, have failed in the past. An explanation is easily found in the fact that these organizations were "clubs" rather than medical societies proper. This speaks well for the west side physicians, for if the leaders of the State Society had been present at our banquet given by the Society, February 27th, they would have been delighted to find a spirit of union and a desire to elevate themselves and the profession by the members and medical guests alike. Six new members were acquired before the banquet was concluded.

It would appear now that a Society on the west side was an absolute necessity and fills a long felt want.

The Society has held meetings every first and third Thursday. The Board of Directors have decided to meet weekly, as soon as we have 50 members in good standing—which will be ere long. Every new member is urged to join the State Society and efforts are made at present to have 90 per cent. of our body join the Society at one and the same time, i. e. prior to March 30. The writer of these lines has already several applications in his possession.

The program of the paper read before the Society, since the last report are as follows:

Valdemar Pleth: **Peculiar cases of gall stones, difficulties of diagnosis; technique.**

David Birkhoff: **Treatment of Pneumonia.**

O. M. Steffenson: **A study in peripheral neuritis with special reference to etiology and treatment.**

E. D. St. Cyr: **A new method of delivery by the obstetric tractor.**

Under this unassuming title Dr. St. Cyr presented a paper, which it is believed, is bound to mark a new era in obstetrics. Whatever dangers there have been experienced by the usual obstetric forceps are done away with by an ingenious invention the principle of which consists of the introduction over the child's head by means of a thin instrument a silk net, which can be circumvolved and so held that the child can be extracted without difficulty, without pressure to the fetal head or the maternal organs, just like one would try to pull off a tight fitting shirt sleeve. The instrument, which can easily be sterilized (as can of course the silk net) does not interfere or take up any space on the pelvic floor.

O. M. Shabad: **Treatment of acute gonorrhea in the male.**

S. Brownstein: **Neurasthenia.**

Amie Paul Heineck: **The medical and surgical uses of normal saline solution.**

Breakstone: **A simple apparatus for fracture of the patella and femur.**

J. M. Abeled: **Uterine subinvolution after parturition.**

Jos. Welfeld: **Placenta previa.**

Valdemar Pleth: **Anatomical anomalies.**

Gustavus M. Blech: **When not to operate.**

The above is the list of "regular" papers read. Among those delivered impromptu are:

G. Blech: **The general practitioner, office and his tools. Bonecyst and osteosarcoma.**

V. Pleth: **A new method of diagnosing fracture of the long bones.** Dr. Pleth suggests the use of a tuning fork and a very small stethoscope. Sound conduction is lessened when the fracture is reached.

One evening was devoted to the general discussion of carcinoma.

This gives the readers of the Illinois Medical Journal an idea of the work done by the Society.

On the 6th of February, a resolution was introduced in which the labors of G. N. Kreider of Springfield, E. W. Weis of Ottawa and George H. Simmons of Chicago, in behalf of the profession were duly appreciated and in recognition of which these gentlemen were elected honorary members. The Society was recently also received into affiliation with the American Medical Association.

Gustavus M. Blech,
Official Reporter.

The Chicago Academy of Medicine met February 14th. W. L. Ballenger occupied the chair. W. L. Baum, W. A. Evans, J. G. Kiernan, H. N. Moyer and E. S. Talbot were elected directors. G. F. Lydston read a paper on **Evolution of Pathogenic Microbes with Special Reference to the Venereal Diseases.** November, 1892, in a

paper, "on Genito-Urinary Bacteriology and Biochemistry" he had called the Academy's attention to the fact that the varied morphology of the pathogenic microbes demonstrated the existence of the law of evolution among them. He had then pointed out the relationship between the acute miliary tuberculosis of cattle and tuberculosis of man; that these two conditions were not identical, but that one seemed to have been evolved from the other. A similar relation appeared to him to lie between doctrine of horse syphilis and human lues. At the time he suggested that there was a similar relationship between the pus cocci and gonococcus. Since that time considerable evidence had appeared from all quarters to demonstrate that there had been a change in specific characteristics from the operation of the law of evolution on microbes. The cocci had been found present in the coprolites of fish, in the Devonian; later bacilli had been found in the coprolites of reptiles. It was therefore evident that the cocci were the earlier type of parasites. It was a biologic law that generalized types were apt to vary widely. The microbes, as their name denoted, were a generalized type lying between plant and animals, designated microbes to avoid dispute as to their relationships. Such types varied widely hence the extensive morphology of the microbe. Independently of this there were evidences that their specific types could be altered. He had observed a gonococcus which stained and cultured like a streptococcus.

Chairman Ballenger called on H. Gradle as the pioneer in bacteriology in the west who nearly twenty years ago had published the first American work on bacteriology. H. Gradle admitted that microbes varied greatly, but held that the variation did not exceed specific limits. In all probability no change occurred in specific characteristics except in remote geologic periods. While Dr. Lydston's paper was suggestive the burden of proof rested on his Darwinian view of the subject.

A. Gehrman held that the evidence as to change in specificity was not decided. Whatever changes might have occurred in geologic time, at present under a general biologic law, species were fixed and comparatively immutable.

W. A. Evans while agreeing in large measure with Gradle and Gehrman held with Lydston that the influences summed up in environment could produce decided changes in microbe types.

W. L. Baum had observed changes in microbes under culture which could hardly be interpreted in any other sense than, a change in species. It was certain that the environmental elements apparent in immunization sufficed to produce changes in form and pathogenic activity which seemed to him to involve something more than varietal differences.

J. G. Kiernan said that Darwinism and evolution should not be confounded. Darwinism was simply a certain factor in evolution involving survival of the fittest and not all evolution. The range in pathogenic activity of some microbes was remarkable. The pathogenic activity for example of the bacillus coli communis depended on its location. In the lungs it pro-

duced pneumonia, in the spinal cord, cerebrospinal fever resembling that produced by the specific germ; in the vagina a disorder closely resembling that produced by the gonococcus.

E. Ries stated, assuming that there had been no change in microbe types and assuming also that of necessity man was the host, it followed that Adam must have had a number of syphilis germs tending to produce impotence and Eve must have had a number of gonococcus germs tending to produce pus tubes and hence sterility. It therefore followed that the first man and woman must have been sterile. This of course was not the fact. Therefore even accepting the mosaic cosmogony it was evident that evolution had occurred in pathogenic microbes.

E. S. Ta bot called attention to the existence of syphilis in the ape.

G. F. Lydston in closing the discussion pointed out that the views he had advanced as to the evolution of pathogenic microbes explained immunization, epidemic variation and many other things totally inexplicable on the theory that microbe species were immutable. Since he at first advanced the view that microbe evolution had occurred and was occurring before the Academy in November, 1892. Evidence had accumulated in favor of this view while the data seemingly opposed to it were slowly being reconciled.

J. G. Kiernan,
Official Reporter.

The Chicago Academy of Medicine met March 14th. D. R. Brower was elected chairman. The paper of C. S. Bacon on "Obstetric Dangers from Girlhood Rickets," was discussed.

Rickets is a rather common disease of infancy. Its most serious results so far as girls are concerned do not manifest themselves till the child-bearing period. It is estimated that from 3 to 7 per cent. of all women have contracted pelvis due to rickets. Cases are given to illustrate the importance of a pelvic contraction of 1 to 2 cm. Concerning etiology, the effects of unsanitary surroundings, improper and insufficient food, gastro-intestinal disease are acknowledged, but the essence of the trouble is not yet determined. Among the food deficiencies, the lack of fat is undoubtedly the most important. The most common pelvic deformity is the simple flat pelvis. This is caused by the weight of the trunk when the child is in the sitting or standing position. The soft bodies of the sacral vertebrae are crowded forward between the wings of the sacrum contracting the antero-posterior diameter. The strong sacro-iliac ligaments pull backwards the posterior margins of the ilia and because of the anterior fixation of these bones at the symphysis the transverse diameter of the pelvis is increased. The indications for the treatment of rickets in its acute stage are to control the disease process as soon as possible and to prevent the pelvic deformity. The disease process is corrected by dietetic and hygienic management. Gastro-intestinal infection is overcome and the child placed in as good sanitary surroundings as possible. Fat which is often lacking in the diet is given, often in the form of cod liver oil. The question of the prevention of pelvic de-

formity is new. Its importance has been overlooked by orthopedists. It is very difficult to keep the child in the horizontal position. If it be possible to devise apparatus which will take the trunk pressure from the sacrum it would be a valuable device.

D. R. Brower pointed out that there was a connection between childhood rickets and epilepsy. Just what this was had not been fully determined. He thought that studies like those of Dr. Bacon were for that reason along the right line in developmental hygiene.

E. S. Talbot pointed out that the pelvic bone were subject to the same laws as other bones and that rickets was an expression of interference by degenerative factors.

J. G. Kiernan pointed out that maternal environment during intra and extra uterine periods of stress was productive of conditions like rickets osteitis and osteomalacia.

C. S. Bacon pointed out that there was a distinction between foetal rickets and extra-uterine rickets. Healthy parents might have rickety children; this was particularly obvious where the children were bottle fed.

A. C. Cotton reported a case of **Degenerative Bulbar Paralysis in a Child of Six.**

J. G. Kiernan pointed out that there existed bulbar paralysis due rather to constitutional states than to local lesions. Asthenic bulbar paralysis was of this type. Such conditions occurred far from infrequently from germ toxins and auto intoxications. Diphtheria as in the case exhibited might produce states of this kind.

W. J. Butler was of the opinion that the progressive and degenerative lesions especially of the face indicated a destructive rather than a disturbing condition. The length of time that had elapsed between the diphtheria and the appearance of the nervous symptoms somewhat precluded the idea of diphtheria being an etiologic factor.

D. R. Brower stated that while the electrical reactions convinced him that the facial lesion was a destructive one still, he was not prepared to give an utterly unfavorable prognosis since he had observed cases of recovery after similar post-diphtheric states. The time that had elapsed between the diphtheria and the appearance of nervous symptoms did not preclude the influence of diphtheria, so far as his experience extended.

E. S. Talbot pointed out that the facial conditions indicated a congenital neuropathic element.

A. C. Cotton, in closing the discussion, said that as to prognosis he was inclined to agree with Dr. Butler since the symptoms had been irregularly progressive.

J. G. Kiernan,
Official Reporter.

Macoupin County—Items of Interest.

Several items of interest to the general profession have occurred in old Macoupin, which, I think, might well be published in our Journal.

A. C. Corr has returned from his Florida

trip suffering with ascites, due to obstruction of the portal circulation. The doctor is in no immediate danger.

J. S. Collins has announced his early departure for Germany to spend the summer in the medical centers of the Old World.

The Litchfield Board of Pension Examiners has resigned.

The County Board of Macoupin County has paid out several thousand dollars for expenses of smallpox quarantine.

Secretary Egan of the State Board of Health has expressed every confidence in the local boards and physicians in their efforts to prevent the spread of the contagion in Carlinville. The Staunton supervisor was in doubt as to his duties, but with the Varden and Girard and Carlinville cases as a precedent, all reasonable bills of quarantine were allowed.

J. Palmer Matthews,
Official Reporter.

The Medical Association of Rock Island County. Twenty or more physicians from all parts of Rock Island County assembled in the Supervisors' room at the Court House on Wednesday afternoon, Nov. 20th, 1901, in response to a call signed by eight physicians of Rock Island, and issued to every regular physician residing in the county, in full accord with the spirit and intent of the state society, for the purpose of organizing a County Medical Society, broad enough to admit to membership all reputable regular physicians who now reside in or may locate, in the county from time to time.

After a general discussion, in which all present participated, it was unanimously voted that such an organization be immediately effected. Temporary organization was effected by the election of J. F. Myers of Rock Island as Chairman, and T. G. Lamping of Moline Secretary.

After the adoption of constitution and by-laws, it was voted to effect a permanent organization to be known as the Medical Association of Rock Island County, and the following officers were elected: President, J. F. Myers, Rock Island; First Vice President, J. M. Wyland, of Moline; Second Vice President, Peter Eckhardt, Taylor Ridge; Treasurer, A. D. West, Moline; Secretary, T. J. Lamping, Moline.

A committee on revision of the by-laws and constitution, consisting of G. G. Craig, Sr., E. A. Edlen, and J. DeSilva was appointed by the president.

J. F. Myers read a very interesting and instructive paper on "Life Insurance Examination."

The first regular meeting of the association was held in the parlors of the Hotel Sommers, Moline, on Friday evening, Dec. 20th. Eighteen physicians were present, and the following papers were read. **The Relation of the Physician to His Patient and the Profession**, by G. G. Craig, Sr., Rock Island.

The discussion opened by E. A. Edlen of Moline. The discussion brought out the necessity for treating all communications between physician and patient as inviolably sacred, and an illustration was made of the unfortunate "*lapsus lingue*" in the case of the eminent

Playfair of London. The profession was further urged to keep abreast of the times, by close reading of all up-to-date literature medical and otherwise and greater fraternity and liberality was urged among the members of the profession.

The next paper was **The Relation of the Physician to the Pharmacist**, J. M. Wyland, of Moline.

Discussion opened by Louis Ostrom of Rock Island. This paper brought out a general discussion as to the ownership of the prescription, the consensus of opinion being that it belonged to the physician who wrote it, and that the druggist was merely the custodian, and further, that the author of the prescription had the moral and legal right to dictate the particular druggist that should fill this prescription.

Another very interesting paper on a case of pneumonia with peculiar symptoms, was presented by A. B. West of Moline. The discussion was lead by Peter Eckhardt of Taylor Ridge.

This paper proved to be one of unusual interest, illustrating the great benefit of the early use of oxygen in all severe cases of pneumonia.

The second regular meeting was held in the parlors of the Harper House, Rock Island, Friday evening, Jan. 17th, fifteen physicians being present, and the following papers were read:

Puerperal Eclampsia, by Joseph DeSilva, Rock Island, discussion opened by J. W. Morgan, Moline, who stated that in all his forty years of experience, he had never seen a case of eclampsia without being attended by pronounced disturbance of the central nervous system, and the presence of albumen in the urine. L. Ostrom reported a case directly traceable to acetonæmia. **Land Marks in Medicine**, was the subject of a paper presented by Emma Morgan, and discussed by E. A. Edlen. This paper showed very exhaustive research and investigation, and the history of serum therapy as presented by the writer, was especially interesting and profitable.

The February meeting was held Friday, the 21st, at Hotel Sommers, Moline, sixteen physicians being present. One of the most interesting papers was presented by E. A. Edlen on **Diphtheria and its Management**. Discussion was opened by Jos. DeSilva, Rock Island. The writer held that most of the deaths from diphtheria were due as much from the toxins generated by the staphylococci, and streptococci as to the Klebs Loeffler Bacilli. The membership felt that antitoxine should be used in all cases doubtful and positive, early and in maximum doses, and repeated within six to eight hours in accordance with the progress of the case.

The Relation of the General Practitioner to the Specialist was the subject of the paper read by Louis Ostrom, the discussion being led by J. M. Wyland. The writer traced in a most interesting manner the gradual development of "Specialism" in medicines from the time of Galen to the present, and in closing made a forcibly convincing plea for the specialist. The author urged the removal of all tonsils that stood out in plain view, as a prophylatic meas-

ure and arguing that in every instance such removal benefitted the quality of the voice, and whenever no improvement followed as a rule it was usually due to some injury to the pillars of the throat caused by the operation itself. The division of fees with the general practitioner and the specialist, was very generally discussed, and the consensus of opinion of all present, was that the fee in all major operations should be divided pro rata. After discussion of regular business, the meeting adjourned to meet in Rock Is and in March.

Joseph DeSilva,
Official Reporter.

The Peoria City Medical Society held a meeting March 4th. There were 16 members present. After the regular order of business, John F. Sloan read a very interesting paper on the subject of **Malaria**. Dr. Sloan presented the subject from etiology to treatment in a very able and scientific manner. His principal treatment of the subject lay with the means of infection, the mosquito, and convinced his auditors beyond a reasonable doubt of the truth of the theory of the mosquitos ability to carry the plasmodium. He traced the steps of the different investigators from the beginning of their efforts until proof was conclusive. He declared the microscope to be of first importance as a means of diagnosis. In the discussion Dr. Sutton inclined to believe the proof was not complete on account of the chain of development of the germ in the mosquito not being complete. Dr. Sloan asserted however that the chain had been carefully traced from inception to maturity. Dr. Roskoten called attention to the fact that those who turned up new fields were usually the victims of the disease and no one seemed able to properly account for this fact.

E. M. Sutton reported some statistics on the percentage of deaths from **Cancer** in this county which were interesting in that they showed a marked increase in the last ten years. Dr. Plummer reported a case of **Stomatitis Gangrenosa** in a child, with the invariably fatal result.

E. M. Eckard,
Official Reporter.

The Union County Medical Society met in the City Hall, in Anna, Wednesday, February 26th, 1902.

President J. I. Hale called the Society to order, and after reading and approving minutes of last regular meeting, and the dispatch of routine business, the following program was observed:

Trachoma of the Female Genital Tract by J. A. Ha'e.

The writer read a carefully prepared paper on this disease which is so rarely observed by the general practitioner. He spoke of the carelessness of the physician who only medicinally opposed the ever present "discharge," a suppression of which both the attendant and the patient often regarded as a disappearance of the disease.

The symptoms are pathognomonic, irrespective of the location of the involved mucosa, and the differentiation between vaginal trachoma and other forms of vaginitis is as demonstrable

as between conjunctival trachoma and other eye inflammations. He then gave the differential diagnosis from mixed infection, gonorrhoeal vaginitis, and vaginitis from a uterine discharge.

From the author's observations no age limit could be placed on this affection, for it had been found in a widow lady of sixty years, in married women, and once in a young lady of undoubted probity who was only eighteen years old. He had noted a close connection and association of persons so afflicted with those suffering from ocular trachoma; for symptom grouping of its origin, its course and its termination clearly point to a typical trachoma of this membrane.

With the pathognomonic indications of a thin, watery discharge, no history of specific infection, the peculiar rice grain surface of the mucosa from enlarged papillae and bleeding fissures, persistent vaginismus, increasing constitutional nervousness from peripheral nerve involvement in the new tissue formation of denuded surface, and in well developed cases, cicatricial formation often times demanding surgical interference a diagnosis of vaginal trachoma can easily be made.

Treatment consisted in thoroughly cleansing and disinfecting the vaginal tract. For this purpose copious douches of warm water slightly impregnated with hops was used to cleanse the canal and quiet pain and tenderness. Then liberal and oft repeated applications of hydrogen peroxide rubbed well into the fissures and wiped thoroughly dry, after which protargol in suitable strength for each individual case was used as the dominant treatment.

A case of "Pyemia following Wound of the Urethra" was reported by W. E. Lingle. It was a case having markedly interesting features and closely held the attention of all the members present.

"Pneumonia" by L. F. Morse, one of the oldest practitioners in the Society, was one of the most thoroughly practical papers in all of its bearings that has ever come before the Society. Possibly the strongest part of the paper was his treatment of the disease. A full report of the therapeutical indication cannot be made as it would take up too much space. Briefly the author's plan was to give Tinct. Belladonna 10 drops in half a glass of water—a tablespoonful every half hour—if called during the first hours after the initial chill and there were present high fever, severe headache and pain through the lungs. If the fever and pain are not better in a few hours, use either Tinct. Aconite or Tinct. Veratrum Viride 3 to 5 drops every half hour or hour until pulse falls to 80 or 90, full and soft and patient freely perspiring. If the disease continues and there is sharp, cutting pain, painful hacking cough, pain extending to pleurae, give Bryonia A'b'a 3 to 10 drops in half a glass of water—teaspoonful every half hour. Phosphorous is indicated in the second stage when there are stitching pains excited or aggravated by coughing, breathing or lying on affected side dyspnoea and tightness across the chest. The author spoke of heat and cold to the chest in the early stages of the disease, and of the infectious and contagious elements of the

disease. He then considered Calomel. Saline Laxatives, Hoffman's Anodyne, Acetate of Potash, Tartar Emetic, Morphine, Dover's Powder, Digitalis. Strychnine and Whisky also nourishment. The paper was well received and elicited a very helpful discussion of the treatment of the disease. In the general discussion which followed it was stated that 10 grains of Salicylate of Soda and 1 drachm of Fluid Extract of Ergot given every 2 hours would almost invariably abort the disease within 48 hours.

The Society then adjourned till its next regular meeting in March

T. Lee Agnew.
Official Reporter.

The Morgan County Medical Society met in regular session on Thursday, February 13, with D. W. Reid, of Jacksonville, the vice president, in the chair.

The minutes of the last meeting were approved.

Later the President, Dr. Thompson, came in and presided during the remainder of the session.

Members present: A. L. Adams, Geo. E. Baxter, G. Edwin Baxter, Black, Bowe, Burkholder, Campbell, Cole, Franken, Gailey, Hairgrove, Hand, Milligan, Norbury, Pitner, Reid, Robbins, Thompson, Vertrees and Wakely.

A communication from Dr. Baird, of Galesburg, in regard to the organization of a Knox County Medical Society was read, having been answered by the secretary.

The committee on fee bill not being ready to report, was continued to report at the March meeting.

Several questions were asked in regard to the program for the year and were answered by Dr. Norbury, of the committee on program.

It was decided to send to each member a few days prior to each meeting a card with the program for 1902 printed on one side and a list of the advertisers on the other; in lieu of the postal card notices, as in the past. This method of notification to be thoroughly tried before making any other change.

Members will please note the change in way of notification.

D. W. Reid read a paper on Pneumonia Lobar, Diagnosis and Treatment.

T. J. Pitner gave an extended talk on Pneumonia Broncho, Diagnosis and Treatment.

T. A. Wakely opened the discussion and the following members freely discussed the papers: Drs. Cole, Franken, Hand, Bowe and Robbins.

T. A. Wakely,
Official Reporter.

The Southwestern Medical Society held its 18th regular meeting at the Grace Cafe, 540 and 542 W. 63d Street, Tuesday evening, March 11th. There was an attendance of 27.

The meeting was called by President C. H. Miller, after partaking of the usual lunch.

Minutes of previous meeting were read and approved. President Miller then introduced E. C. Norton, speaker of the evening, who considered the subject of *obstetrics* from his own personal observations obtained in practice.

Dr. Norton has had a large obstetrical practice and many of his observations, differed from those seen in dispensary and hospital practice. He strongly advises against indiscriminate exposure of the patients person, in all stages and says he never has any trouble in making his examinations, under the cover.

He says it is necessary to have an obstetrical bag, which shall contain necessary supplies and be used for no other purpose.

His uniform consists of a soft outing flannel shirt and duck trousers, everything of course being clean.

His bag contains Simpson forceps, 1 pound plain absorbent cotton, nail brush, perineum needle, spool No. 30 linen thread, umbilical scissors, each wrapped in sterile towels. He has in bottles, Squibs chloroform, Squibs ergot whiskey, Johnson & Johnson's etherial soap, carbo'ic acid and Bernays bichloride tablets and boric acid. He also carries a spring scale, and the shirt and trousers.

He has the patient get towels, sheets and hot water. He prefers the left side of the bed. He thinks that the forcep are more frequently used an hour or two too late than too early.

The question was then open for general discussion and Drs. Eggert, Rose, Millenan, Lovewell, Miller, Phil'ep, Hagey, Weir, Hess and Butt, considered the subject from various points of view.

Dr. Eggert, carries among other things a laparotomy sheet with an oval opening through which the examinations, etc., are made. He also carries a sterile bag and needle for giving saline transfusion.

Dr. Rose invariably gives an enema for the patient's good and his own. Out of a large obstetrical practice of 15 years, he has had two cases of **placenta previa** with no death.

C. H. Lovewell strongly advises the use of the old abdominal binder, and regarding the different positions, for the woman he says put her in the position most comfortable for her.

Dr. Hagey reported a case of sepsis in a woman who was suffering from an acute otitis media at the time of confinement.

Dr. Phillips reported a case where a subcutaneous symphysiotomy, with a gain in room of an inch and a half, enabling a large living baby to be borne to the mother, a primipara 43 years of age.

Dr. Wier reported a case of sepsis which finally terminated in an abscess of the sacroiliac articulation with ultimate recovery.

The following resolutions were read and adopted:

Whereas, On March 8th, 1902, death claimed **Professor Christian Fenger**, him at whose feet we have all been proud to sit as students, who has inspired us by his devotion to his life work, whose genius has placed him among the greatest surgeons of the world, whose skill has been a benefaction to suffering humanity, whose personal and professional character are alike the ideals we would seek to attain. Therefore be it

Resolved, That in the death of Christian Fenger, the Society in general and the medical profession in particular have suffered an irre-

parable loss, that we have suffered a deep personal bereavement, and because of our sorrow our hearts go out to the stricken home and that our tears mingle with theirs in a great common grief, and be it further

Resolved, That these resolutions be spread on the minutes of this Society and an engrossed copy, properly signed by its officers be presented to the stricken family.

The program committee announced that at the April meeting Professor Wm. E. Morgan would talk to us on the treatment of **fractures of the femur**. There being no further business the meeting was adjourned.

Thos. C. McGonagle,
Official Reporter.

The Decatur Medical Society held its first annual banquet at the St. Nicholas hotel. Thursday evening, February 27th. Preceding the banquet the members assembled in the parlors for a business meeting. The minutes of the last meeting were read and approved.

The censors reported favorably upon the names of R. E. Holben of Mt. Auburn; B. P. Windsor of Mt. Auburn; W. T. Short of Stonington; W. R. Boggs of Macon; C. L. Montgomery of Blue Mound.

On motion they were declared elected to the Society.

The president appointed J. N. Randall, M. V. Lonergan and B. L. Maienthal as a program committee for the March meeting.

The Society then adjourned to the dining room and partook of a six course dinner. After the banquet the following toasts were given, with President Will C. Wood, presiding as toastmaster.

The Knife vs. the Spoon—W. M. Harsha, Chicago.

The Spoon vs. the Knife—H. C. Jones, Decatur.

Looking Backward—W. J. Chenoweth, Decatur.

The Microscope and Test Tube—E. J. Brown, Decatur.

Poem—W. C. Bowers, Decatur.

Looking Forward—Chas. Bumstead, Monticello.

Other members responded with short toasts and stories concluding a pleasant and profitable meeting. Forty-one members of the Society were present.

C. Martin Wood,
Official Reporter.

The Vermilion County Medical Society met the evening of March 10th, in the city hall. Called to order by the President J. M. Guy.

Minutes of the February meeting were read and adopted.

The board of censors reported favorably on the names of F. E. Trigg of Fairmount and D. V. Ray of Gessie, Ind., followed by their election to membership.

The paper of the evening was on **Smallpox** by A. L. Fox, which was very comprehensive and interesting. The discussion was opened by W. A. Cochran who together with the essayist have recently passed through our epidemic of the disease as health officers. The discus-

sion became very interesting as there were present several gentlemen who had been fortunate enough to have had experience in this disease.

A motion was made by S. C. Glidden that the Society aid the Woman's Club and Physician's Protective League of Danville in their attempts to pass an **anti-spitting ordinance**.

There being no further business the Society adjourned to the April meeting.

E. E. Clark, Official Reporter.

The Jacksonville Physician's Club held a regular meeting March 8th. Twelve members present. A. L. Adams in the chair.

D. W. Reid read a paper on **Heredity**. The essayist held that according to the most advanced theories on this subject, following Weissman.

1. Acquired characters are never transmitted from parent to offspring. Hence no matter what the life of the parent may be even before the conception of the child, it will have no effect upon the child either for good or ill as the germ cell contains all the hereditary characters the child will ever receive, from either parent. Hence, also, the higher education of women, by withdrawing from early marriage the flower of young womanhood at the most active period of reproduction, whatever may be gained to the individual, is a loss to the race, as these acquired mental characters cannot be transmitted to posterity.

2. At the moment of conception, heredity in its strictest sense ends and environment begins. The foetus is no part of the mother, but floats in a closed sac having neither nervous nor vascular connection with the mother. The foetus receives warmth and protection from the mother, and through the medium of the placenta before birth as from the breast after birth, obtains its nourishment. Nothing the mother has ever seen or heard or felt or suffered, has any effect upon the foetus, so long as its protection and nourishment is not interfered with. Hence, "birthmarks," blemishes and monstrosities, while caused by some not thus far understood interference with the child's development, bear no relation to impressions received by the pregnant mother. In short, the whole subject of "maternal impressions" as commonly understood has no foundation in facts.

3. This theory of heredity while incidental with physicians, is fundamental with biologists. If accepted, it goes far to explain the process of evolution, and involves the whole law of progress. However the general public may disagree, scientists are agreed that present animal and vegetable life on the earth have arisen through evolution from lower forms. There is no more argument concerning the fact of evolution than of gravitation. The only disagreement is regarding the method of evolution.

Darwin's theory of "Natural Selection" was not a theory concerning the fact of evolution, but an explanation of the method. Lamarck had taught the fact of evolution before Darwin's time, but based it upon the evolutionary effects of "use and disuse." Darwin made "use and disuse" subsidiary to natural selection. Weiss-

mann denies the evolutionary effect of "use and disuse" of parts, by denying their inheritability, and makes Darwin's theory of "natural selection" the whole and sufficient cause of evolution.

4. One of the strongest arguments against this theory is the supposedly well-known inheritability of acquired disease. Both Darwin and Spencer made use of this argument, and gave as an illustration the inheritability of consumption, a theory which is no longer held by the medical profession.

Resolved, That in the death of **Christian Fenger** of Chicago, the medical profession has lost one whom it delighted to honor; one whose work, like his life was confined to no one land or tongue, but was as cosmopolitan as the fraternity he honored with his name; a great surgeon, pathologist and teacher; one of whom it may fittingly be written, **Doctores docuit.**

D. W. Reid,
Official Reporter.

The McLean County Medical Society was called to order by the President and the minutes of the last meeting were read and approved.

The committee on resolutions reported the following.

Whereas, Our highly esteemed colleague and fellow worker **Harvey Parkhurst**, was called by our allwise Father to rest from his labor after a long and useful service to the sick and afflicted of the community in which he resided, and

Whereas, He had served for a period covering over half a century alike the rich and poor, through fatal epidemics and tedious illness requiring skill, energy, endurance and fidelity, and

Whereas, His pure character, gentle disposition, professional courtesy and skill endeared him to all who knew him, therefore

Resolved, That we, the members of the McLean County Medical Society do hereby express our high appreciation of his life, character and usefulness.

Resolved, That we further express our sorrow over his death and our sympathy to his family at their bereavement.

Resolved, That a copy of these resolutions be spread on the records of this Society, and also a copy forwarded to the widow.

E. Mammen,
A. L. Fox,
J. Y. Bonnett,

Committee.

The committee on Banquet reported unfavorably and a motion prevailed that the project be abandoned.

The Board of Censors reported favorably upon the application of E. P. Sloan of Danvers and he was duly elected.

The names of A. L. Kaesar of Bloomington and A. A. Absher of Sibley were proposed for membership and referred to the Board of Censors.

A very interesting and intensely practical paper was read by D. H. Nusbaum on "**Some Obstetrical Experiences.**" The doctor gave his method of handling a normal labor and gave

reports of experiences with abnormal deliveries, during the last seventeen years. The paper was freely discussed by the members present.

It was decided by vote of the Society to hold the next meeting which is the annual meeting and election of officers, at the usual time, 7:30 P. M. W. E. Guthrie will give the paper.

Members present—G. D. Elder, J. Whitefield Smith, Lee Smith, Burr, Little, Nusbaum, Covington, Guthrie, Kunkler, Jordan, Fox, Reedy, Taylor, Mammen, Chapin, Vandervort. F. C. Vandervort, Official Reporter.

Society Members.

Local Societies in Affiliation with the Illinois State Medical Society.

A Complete List of Their Officers and Members.

With this issue of the Journal we present the names of members of District Societies in the State of Illinois, also the names of members of the City Societies. It will be of interest to our readers to know which members of District Societies also belong to County Societies. For this purpose a number will be found to precede each name of a member belonging to a County Society. The Secretaries of some of the County Societies have not responded with their lists, although they have been written at least four times regarding the matter.

The following is an index to the meaning of these numbers, for instance, 938 shows that the member of a District Society is also a member of the Morgan County Medical Society.

826 Frank'in County Medical Society.
827 Jersey County Medical Society.
828 Marshall County Medical Society.
829 Perry County Medical Society.
830 Pulaski County Medical Society.
831 Rock Island County Medical Society.
836 Kendall County Medical Society.
839 Hardin County Medical Society.
906 Henderson County Medical Society.
907 Carroll County Medical Society.
909 Livingston County Medical Society.
910 Union County Medical Society.
913 Calhoun County Medical Society.
914 McHenry County Medical Society.
915 Montgomery County Medical Society.
916 JoDaviess County Medical Society.
917 Sangamon County Medical Society.
918 Macoupin County Medical Society.
920 Clay County Medical Society.
921 Douglas County Medical Society.
922 Hancock County Medical Society.
923 Jefferson County Medical Society.
924 Kankakee County Medical Society.
925 Lake County Medical Society.
926 Massac County Medical Society.
927 Monroe County Medical Society.

928 McLean County Medical Society.
929 Stephenson County Medical Society.
930 Saline County Medical Society.
931 St. Clair County Medical Society.
932 Warren County Medical Society.
933 Woodford County Medical Society.
934 Williamson County Medical Society.
935 Bond County Medical Society.
936 Bureau County Medical Society.
938 Morgan County Medical Society.
941 Schuyler County Medical Society.
942 LaSalle County Medical Society.
943 Clinton, County Medical Society.
944 Vermilion County Medical Society.
945 Gallatin County Medical Society.
949 Fulton County Medical Society.
952 Champaign County Medical Society.
953 White County Medical Society.
956 Crawford County Medical Society.
957 Will County Medical Society.
958 McDonough County Medical Society.
960 Winnebago County Medical Society.
962 Jackson County Medical Society.
970 Moultrie County Medical Society.
972 Ogle County Medical Society.
974 Pike County Medical Society.
975 Adams County Medical Society.
981 Wabash County Medical Society.
982 Shelby County Medical Society.
984 DeWitt County Medical Society.

* Member of the Illinois State Medical Society.

† Member of the American Medical Association.

Aesculapian Society of the Wabash Valley.

Meets in Terre Haute, Ind., in May.

Officers.

President, Chas. B. Fry.....Mattoon
Vice-President, E. L. Larkins..Terre Haute, Ind.
Secretary, H. McKennan.....Paris

Members.

Alexander, J. W., Oakland.
921 *Allen, Elmer S., Arcola.
Aikman, Edgar A., Clinton, Ind.
Baker, J. W., Melrose.
956 *Barlow, C., Robinson.
Baum, Z. T., Paris.
†*Baughman, J. A., Neoga.
Be'l, F. S., Mattoon.
Bell, W. E., Terre Haute, Ind.
Belt, Richard, Terre Haute, Ind.
Bennett, Cleves, Mattoon.
Bernheimer, H. L., Terre Haute, Ind.
956 Birch, E. L., Robinson.
†Bird, Chas. R., Toledo.
Boor, M. A., Terre Haute, Ind.
Bradley, R. H., Marshall.
Bremkin, Arthur, Terre Haute, Ind.
921 Brenton, W., Tuscola.
Brown, Theo. F., Sanford, Ind.
982 Brunk, C. H., Windsor.
†Brunker, Jas. W., Riley, Ind.
Buchanan, W. A., Paris.
952 *Burres, W. F., Urbana.
Campbell, Grace H., Terre Haute, Ind.
Carrico, P. O., Ashmore.
Cato, J. B., Robinson.
Chapman, F. A., Sigel.
Chittum, H. C., Oakland.

- Clinton, Bertha L., Paris.
Combs, M. R., Terre Haute, Ind.
- 956 Cooley, E. M., Ob'long.
*Coultras, R. J., Mattoon.
Craig, H. R., Charleston.
†Crapo, J. R., Terre Haute, Ind.
†Crapo, G. W., Terre Haute, Ind.
†Cusham, A., Grayville, Ind.
Davis, F. M., Paris.
Deckard, J. P., Paradise.
†DuPay, Chas. M., Riley, Ind.
Durham, J. E., Grayville, Ind.
Eaton, W., Hutsonville.
- 982 †Eddy, W. J., Shelbyville.
†Eichelberger, W. C., Terre Haute, Ind.
*Eidson, H. A., Willow Hill.
Epperson, J. C., Kansas.
†Evinger, J. W., Paris.
Faught, W. C., Farmersburg, Ind.
Ferguson, O. W., Mattoon.
Ferguson, W. M., Nevins.
Fernald, W. J., Frankfort, Ind.
- 956 †Firebaugh, I. L., Robinson.
Frahm, Marie E., Tuscola.
Freeman, T. B., Mattoon.
*French, Z. D., Lawrenceville.
Fry, Chas. B., Mattoon.
Fuquay, Jno. W., Urbana.
Givens, Chas. C., Lewis, Ind.
Glover, Elmer E., Terre Haute, Ind.
Gray, S. R., Chrisman.
- 956 Griffith, F. J. C., Annapolis.
†*Hall, Jos., Westfield.
Hardinger, J. D., Grays.
*Harmon, J. C., Rantoul.
Haskinson, W. H., Trimble.
Haslet, H. W., Doison.
Hawkins, Madge P., Terre Haute, Ind.
- 956 Hayhurst, W. C., Birds.
Hink'e, J. R., Sullivan, Ind.
Hite, J. E., Kansas.
*Hobart, J. R., Ashmore.
Hodes, H. K., Hutton.
Hoff, W. H., Paris.
- 952 *Hoffman, Chas. P., Sadorus.
952 †*Hoffman, Jno. A., Pesotum. 921.
Holmes, Wm. F., Stewardson.
†Huff, Wm. J., Stewardson.
†Hunt, Jno. S., West Terre Haute, Ind.
†Jennings, J. F., Scotland.
Jenkins, L. O., Paris.
†Jenkins, W. O., Terre Haute, Ind.
- 952 †*Johnson, Chas. B., Champaign.
956 Jones, H. F., Flat Rock.
†*Jones, W. S., Redmon.
Kerrick, C. L., Chrisman.
†Kerrick, H. C., Brocton.
- 956 *Kirk, J. W., Oblong.
†Kurtz, R. L., Neoga.
†Larkins, Edgar L., Terre Haute, Ind.
Laughlin, C. S., Paris.
Laughlin, E. O., Paris.
Lindsay, N. F., Birds Station.
†Link, Jno. E., Terre Haute, Ind.
Little, H. A., Linton.
Long, H. W., Yale.
Luckett, L. P., Terre Haute, Ind.
†Lycan, Harry, Paris.
Lydick, F. D., Paris.
Lyons, Jennie, Hume.
Lyons, O., Dana, Ind.
- 952 Mandeville, J. D., Champaign.
Marsh, Anna B., Paris.
Mason, T. A., Terre Haute, Ind.
Marris, A. J., Oakland.
- 921 †Matheny, Z. E., Pesotum, 952.
Mattox, W. R., Terre Haute, Ind.
Maxwell, J. H., Newton.
- 956 Meserve, A. G., Robinson.
†*Mil er, Jno. H., Pana.
*Montgomery, J. T., Charleston.
†Moorehead, T. W., Terre Haute, Ind.
Morgan, W. D., Rardin.
Mosely, A. K., Grandview.
Musselman, J. T., Paris.
Miles, Jas., Merome, Ind.
- 921 †McAlister, E. B., Terre Haute, Ind.
*McClain, B. T., Atwood.
McClain, Leslie, Terre Haute, Ind.
*McCord, T. C., Paris.
McCorkle, T. H., Terre Haute, Ind.
- 956 McGovern, J. H., Annapolis.
†*McKenna, H., Paris.
- 952 †*Newcomb, W. K., Champaign.
Newton, Leroy, Hardinsville.
Niblack, E. S., Terre Haute, Ind.
Nichols, W. E., Ellsworth, Ind.
Parrish, B. L., Mattoon.
Patton, W. R., Charleston.
Payne, A. T., Terre Haute, Ind.
*Peak, W. J., Oakland.
Perkins, Jos., Charleston.
Phifer, J. N., Shumway.
Pinson, J. A., Vermilion.
†Polk, Jno. L., Arcola.
Prewitt, G. W., Marshall.
- 956 *Price, C. E.
- 956 †Rafferty, T. N., Robinson.
956 Rafferty, H. N., Robinson.
*Ragin, G. T., Neoga.
- 921 *Reat, Jas. L., Tuscola.
*Rice, Ed. E., Allison.
Rice, S. M., Terre Haute, Ind.
Robertson, A. T., Ashmore.
Roberts, D. D., Paris.
†Rowe, Mark, Redmon.
Ryerson, C. D., York.
Rynerson, B. F., Prairie Creek, Ind.
Sa'e, L. D., Fisher.
- 952 Sale, L. O., Fisher.
Schell, Walker, Terre Haute, Ind.
Scott, O. R., Metcalf.
Shaley, F. W., Terre Haute, Ind.
Shields, W. A., Charleston.
Silverthorn, L. L., Charleston.
- 921 Slater, P. A., Hindsboro.
Slaughter, J. P., Logan.
Smick, C. M., Terre Haute, Ind.
Smith, J. F., Brazil, Ind.
Spottswood, E. T., Terre Haute, Ind.
Steele, A. T., Charleston.
†Stephens, Robt. F., Toledo.
Stunkard, T. C., Terre Haute, Ind.
†TenBroeck, Wm. H., Paris.
†Thompson, W. N., Sullivan, Ind.
†Veach, P. H., Stanton, Ind.
Vanatta, H. B., Lerna.
Voight, C. B., Mattoon.
- 956 †*Voorhees, C. H., Hutsonville.
†*Walker, J. B., Effingham.
Walker, J. H., Effingham.
- 944 *Walton, T. E., Danville.

- Washburn, Aquila A., Clinton, Ind.
 *Webb, C. C., Charleston.
 †Weinstein, L. J., Terre Haute, Ind.
 Weinstein, Jos. H., Terre Haute, Ind.
 Wiedeman, F. E., Terre Haute, Ind.
 956 †*Weir, L. J., West York.
 956 †*Weir, Jno., West Union.
 *Wilhoit, D. S., Martinsville.
 Wilkins, J. M., Martinsville.
 †Williams, T. W., Casey.
 †Willien, L. J., Terre Haute, Ind.
 Willien, W. F., Terre Haute, Ind.
 Willis, Jas. R., Terre Haute, Ind.
 Wilson, J. R., Hutton, Ind.
 †Worrell, J. P., Terre Haute, Ind.
 Young, J. R., Tower Hill.
 †Young, S. J., Terre Haute, Ind.
 Zeigler, W. H., Flat Rock.

Brainard District Medical Society.

Meets Fourth Thursday of January, April, July and October.

Officers.

President, W. H. Kirby...Chestnut
 Vice President, W. P. Walker.....Mason City
 Secretary, J. L. Lowrie.....Lincoln
 Treasurer, Chas. E. Reed.....Lincoln

Members.

- 938 †*Adams, A. L., Jacksonville.
 †*Barger, R. N., Hopedale.
 *Barnett, J. A., Lincoln.
 938 †*Black, Carl E., Jacksonville.
 917 †*Bowcock, C. M., Springfield.
 *Bozarth, J. W., Mt. Pulaski.
 917 †*Brittin, A. L., Athens.
 †*Brown, H. B., Lincoln.
 938 †*Burnham, A. F., Jacksonville.
 *Cargill, C. W., Mason City.
 *Coppe'l, F. M., Havana.
 938 *Crouch, E. L., Jacksonville.
 *Eldridge, F. P., Greenvew.
 *Fisher, J. C., Petersburg.
 Glenn, J. A., Ashland
 917 †*Hagler, E. E., Springfield.
 938 †*Hairgrove, J. W., Jacksonville.
 917 *Hill, H. C., Springfield.
 917 †*Hole, B. W., Tallula.
 *Homes, N., Delavan.
 *Hopping, O. P., Havana.
 †*Hurst, S. T., Greenvew.
 *Jennings, C. A., Delavan.
 917 *Kelly, J. W., Springfield.
 984 †*Kirby, W. H., Chestnut.
 917 †*Kreider, Geo. N., Springfield.
 917 †*Leeds, L. L., Lincoln.
 †*Lowrie, J. L., Lincoln.
 Meloy, Jno. E., Lincoln.
 †*Mudd, W. A., Athens.
 917 †*Munson, S. E., Springfield.
 *Murphy, T. C., Enterprise, Miss.
 *Newcomer, Irving, Petersburg.
 †*Newcomer, J. W., Petersburg.
 938 †*Norbury, F. P., Jacksonville.
 938 †*Pitner, T. J., Jacksonville.
 917 †*Prince, A. E., Springfield.
 *Prince, J. A., Springfield.
 Reed, Chas. C., Lincoln.
 Sargent, A. M., Lincoln.
 *Servoss, A. G., Havana.
 Shipp, F. J., Springfield.

- 928 † Smith, J. W., Bloomington.
 †*Spear, J. W., Mason City.
 Sprouse, Jennie E., Greenvew.
 917 *Southwick, G. E., Beamington
 †*Stone, C. A., Mason City.
 917 †*Taylor, L. C., Springfield.
 *Tayler, W. R., San Jose.
 *Walker, W. P., Mason City.
 †*Whitley, J. D., Petersburg.
 *Wilson, R. M., Lincoln.
 Woodward, J. F., Elkhart.

Clinton County Medical Society.

Meets in May, August, November and February at Carlyle.

Officers.

President, W. P. Gordon.....Carlyle
 Vice-President, T. Gaffner.....Trenton
 Secretary, M. Broening.....Carlyle
 Treasurer, T. H. Leibrock.....New Memphis

Members.

- Bauer, J. A., Germantown.
 Bechtold, W. G., Breese.
 Broening, M., Carlyle.
 Carter, A. W., Trenton.
 *Gaffner, Thos., Trenton.
 *Gordon, W. P., Carlyle.
 Hord, Geo. Y., Keysport.
 Kuhl, F. G., Aviston.
 Leibrock, P. H., New Memphis.
 Meirinke, B. J., Germantown.
 *Morrony, Jas., Breese.
 Vogt, Jno. G., Trenton.
 *Wilcox, Sam'l H., Shattuc.

Decatur Medical Society.

Meets Monthly.

Officers.

President, Will C. Wood.....Decatur
 Vice-President, W. K. Hoover.....Lovington
 Secy. and Treas., C. Martin Wood.....Decatur

Members.

- Allison, B. A., Decatur.
 *Anderson, F. M., Decatur.
 †Barnes, Ira N., Decatur.
 †Barnes, Lynn M., Decatur.
 †*Barnes, Wm., Decatur.
 *Bell, Wm. H., Decatur.
 †*Bowers, W. C., Decatur.
 Rotts, A. T., Warrensburg.
 †*Bridges, W. T., Stonington.
 †*Brown, E. J., Decatur.
 Bumstead, Chas., Monticello.
 Bumstead, S. J., Decatur.
 Burke, J. H., Decatur.
 Burwell, E. A., Decatur.
 921 *Calhoun, R. E., Chesterville.
 Carr, E. D., Argenta.
 954 *Chenowith, Cass, Decatur.
 Chenowith, Will, Decatur.
 †*Chenowith, W. J., Decatur.
 *Carke, E. E., Oakley.
 *Coe, C. W., Stonington.
 954 Collins, A. L., Decatur.
 954 Collins, N. P., Decatur.
 Connelly, J. L., Harriestown.
 *Davidson, W. P., LaPlace.
 †*Dixon, Wm. A., Decatur.
 Drew, A. M., Decatur.

- *Dud'ey, F. J., Cerro Gordo.
 954 Eddy, J. H., Decatur.
 Grimes, Ellen F., Decatur.
 †*Heffernan, M. T., Decatur.
 *Hoover, W. K., Lovington.
 954 Hostetler, Wm. B., Decatur.
 954 *Jones, H. C., Decatur.
 Kenton, J. L., Decatur.
 954 King, J. S., Decatur.
 Kyner, D. T., Blue Mound.
 *Loesch, G. E., Lake City.
 Lonergan, M. V., Decatur.
 Maenthal, R. L., Decatur.
 954 †*May, S. R., Mount Zion.
 †*McClelland, S. E., Decatur.
 954 †*Melton, W. A., Warrensburg.
 Meriweather, Tyler, Decatur.
 Miller, J. T., Decatur.
 954 †*Morgan, E. A., Decatur.
 954 Myers, N. D., Decatur.
 †*Parrish, M. P., Decatur.
 *Pollock, D. M., Decatur.
 954 *Pratz, F. D., Moweaqua.
 954 Randall, J. N., Decatur.
 *Saunders, J. W., Decatur.
 Stoner, Fred, Harristown.
 Wilhelmy, Sylvester, Harristown.
 *Wilhelmy, A. F., Decatur.
 *Wood, C. Martin, Decatur.
 *Wood, W. C., Decatur.

District Medical Society of Central Illinois.

Meets last Tuesday in April and October.

Officers.

President, J. N. Nelms.....Taylorville
 Secretary, C. R. Spicer... Taylorville

Members.

- Axline, C. E., Woodburn.
 917 *Babcock, O. B., Springfield.
 Bolt, G. S., Herrick.
 Barcroft, B. V., Litchfield.
 † Barnes, I M, Decatur
 † Barnes, Lynn M., Decatur.
 †*Barnes, Wm., Decatur.
 918 *Bartlett, A. T., Virden.
 938 †*Black, Carl E., Jacksonville.
 915 *Blackwelder, J. F., Litchfield.
 †*Boggs, W. R., Macon.
 917 †*Bowcock, C. M., Springfield.
 †*Bridges, W. F., Stonington.
 †*Brown, E. J., Decatur.
 917 †*Buck, H. B., Springfield.
 *Carroll, C. L., Taylorville.
 *Catherwood, T. L., Shelbyville.
 *Chenowith, Cassidy, Decatur.
 *Chenwith, W. F., Decatur.
 †*Clark, Sumner, Effingham.
 915 *Clotfelter, G. A., Hillsboro.
 Collins, A. L., Decatur.
 Collins, N. P., Decatur.
 †*Colt, J. D., Litchfield.
 †*Conner, J. J., Pana.
 915 †*Cook, W. H., Coffeen.
 Corley, H. S., Tower Hill.
 Cornell, D. K., Taylorville.
 Danford, R. C., Pana.
 Demming, H. H., 44th & Greenwood,
 Chicago.
 *Dickerson, J. H., Taylorville.
 921 *Dobson, J. W., Arthur.

- Dorman, M. L., Vanderville.
 915 †*Douglas, W. N., Hillsboro.
 931 Doyle, M. R., E. St. Louis.
 *Eberspacher, F. J., Pana.
 Eddy, J. H., Decatur.
 982 †*Eddy, W. J., Shelbyville.
 917 †*Egan, J. A., Springfield.
 Ewing, F., Cherry.
 Farmer, M. H., Chicago.
 915 †*Fink, I. W., Hillsboro.
 Frazier, Wm., Vanderville.
 982 †*Fringer, G. W., Pana.
 Fleming, W. L., Shelbyville.
 *Geddy, W. H., Ohlman.
 *Gordon, J. H., Pocahontas.
 Gordon, L. J., Pocahontas.
 Gordon, W. E., Old Rip ey.
 943 *Gordon, W. P., Carlyle.
 917 †*Griffith, B. B., Springfield.
 Guthrie, Jno. F., Beecher City.
 917 †*Hagler, E. E., Springfield.
 Huff, G. W., Findley.
 915 Haines, Baxter, Hurricane.
 *Haines, Moses, Bingham.
 Harvey, J. G., Blue Mound.
 Hicks, W. F., Raymond.
 Hil'sabeck, W. F., Windsor.
 Hood, H. H., Litchfield.
 Hostetter, W. B., Decatur.
 915 Hoyt, Jesse M., Fillmore.
 *Huber, J., Pana.
 *Jones, H. C., Decatur.
 Keller, A. L., Sullivan.
 *Kerr, E. D., Brunswick.
 King, J. Stebbins, Decatur.
 917 †*Kreider, G. N., Springfield.
 Litt'ejohn, L. C., Oconee.
 *Livesy, Patoka.
 Lockhart, C H., Witt
 Marshall, N. Scott, Centralia.
 Martin, Geo. A., Brownstown.
 †*May, S. B., Mt. Zion.
 McCambridge, B. H., Stewardson
 *McDonald, J. T., Taylorville.
 †*McMenamy, B. F., Bethany.
 Meacham, G. T., Taylorville.
 †*Melton, W. A. Jr., Warrensburg.
 *Milligan, G. W., Edinburg.
 938 †*Milligan, Josephine, Jacksonville.
 † Miller, Andrew, Sullivan.
 Miller, B. F., Palmer.
 †*Miller, J. H., Pana.
 †*Moffitt, W. T., Blue Mound.
 †*Morgan, E. A., Decatur.
 †Morton, J. S., Vernon.
 915 *Moyer, M. L., Hillsboro.
 917 †*Munson, S. E., Springfield.
 *Murfin, J. W., Vernon.
 *Murfin, W. W., Patoka.
 Myers, N. D., Decatur.
 *Ne' ms, J. N., Taylorville.
 Newkirk, H. M., Owaneco.
 Nichelson, J. T., Macon.
 923 †*Norbury, F. B., Jacksonville.
 †*Oyler, P. H., Mt. Pulaski.
 Penick, N. S., Springfield.
 923 †*Pitner, T. J., Jacksonville.
 †*Pogue, Jos., Edwardsville.
 Poindexter, E. P., Greenville.
 Poindexter, J. S., Keesport.
 Pratz, F. D., Moweaqua.

- Prewitt, D. G., Vandalia.
 917 †*Prince, A. E., Springfield.
 *Prince, Jno A., Springfield.
 Randal, J. N., Decatur.
 Riddle, H. R., Mechanicsburg.
 *Rivard, G. J., Assumption.
 *Rocky, A. P., Assumption.
 Rogers, R. F., Shelbyville.
 917 *Ryan, Walter, Springfield.
 Sample, M. F., 1303 Belmont Ave., Chicago.
 Sawyer, Amos, Hillsboro.
 *Short, W. T., Grove City.
 † Sihler, G. A., Litchfield.
 *Simpson, J. P., Palmer.
 *Small, A. R., 3300 State St., Chicago.
 915 *Snell, M. W., Litchfield.
 917 *Southwick, Geo. A., Beamington.
 †*Sparling, Wm. C., Moweaqua.
 *Spicer, C. R., Taylorville.
 *Staff, E. P., Ramsey.
 *Staples, M. W., Grove City.
 Strain, H. S., Nokomis.
 917 †*Taylor, L. C., Springfield.
 982 *Thompson, Theo., Shelbyville.
 Tuttle, C. F., Raymond.
 *Tuttle, H. H., Springfield.
 †*Vance, H. N., Bement.
 We'ch, C., Ramsey.
 Wheeler, E. N., Latham.
 915 †*Whittier, T. J., Nokomis.
 Wilkins, D. R., Pocahontas.
 Will, O. B., Beecher City.
 Wilson, G. S., Nokomis.
 915 Wilson, J. C., Donnellson.
 982 *Wilson, W. G., Shelbyville.
 *Wright, W. K., Taylorville.

East St. Louis Medical Society.

Officers.

President, H. C. Fairbrother.....E. St. Louis
 Secretary, C. W., Lillie.....E. St. Louis
 Recording Secy., W. S. Wiatt.....E. St. Louis

Members.

- Pensen, Dr., E. St. Louis.
 Bottom, E. H., E. St. Louis.
 318 †*Corr, A. C., Carlinville.
 Dwyer, W. B., E. St. Louis.
 931 †*Fairbrother, H. C., E. St. Louis.
 Grimes, Dr., E. St. Louis.
 931 Hansen, H., E. St. Louis.
 Hansing, A. E., E. St. Louis.
 931 Hertel, E. G., E. St. Louis.
 Housch, A. C., E. St. Louis.
 931 †Lillie, C. W., E. St. Louis.
 Little, Dr., E. St. Louis.
 McCracken, Dr., E. St. Louis.
 931 †*McLean, W. H., E. St. Louis.
 931 †*Rendleman, J. W., E. St. Louis.
 Shepherd, Dr., E. St. Louis.
 *Sims, J. M., Collinsville.
 Smith, Chas., E. St. Louis.
 Smith, Harvey, E. St. Louis.
 Smith, Dr., E. St. Louis.
 931 State, J. E., E. St. Louis.
 Thompson, Eugene, E. St. Louis.
 931 †*Wilhelm, J. C. F., E. St. Louis.
 Wiatt, W. E., E. St. Louis.
 †Wiatt, W. S., E. St. Louis.
 Whitmer, C. F., E. St. Louis.
 931 †Wiggins, J. L., E. St. Louis.

Fox River Valley Medical Society.

Meets at Elgin in May, and at Aurora in November.

Officers.

President, Geo. F. Allen.....Aurora
 Vice-President, Geo. J. Schneider.....Elgin
 Secretary and Treasurer, H. J. Gahagan...Elgin

Members.

- †Abbott, E. H., Elgin.
 †Allen, Geo. F., Aurora.
 Anderson, E. V., Woodstock.
 Archard, Herman J., Rosel'e.
 Austin, T. N., Genoa.
 †*Bartells, H. W. F., Bensenville.
 *Bates, Fred H., Elmhurst.
 †Bell, J. F., Elgin.
 †*Brennecke, H. A., Aurora.
 †*Brower, D. R., Chicago.
 Brown, S. P., Elgin.
 Brown, W. S., Elgin.
 †Bumstead, J. E., Dundee.
 †*Bur'ingame, D. E., Elgin.
 Buswell, C. A., Aurora.
 †Calhoun, C. D., Elburn.
 †*Calhoun, W. J., St. Charles.
 †Campbell, Jas., Elgin.
 †Cleaveland, E. F., Dundee.
 †*Cotton, A. C., Chicago.
 †*Curtis, R. M., Marengo.
 †*Doolittle, W. H., Woodstock.
 †*Farley, W. K., Oregon.
 Fegers, C. H., McHenry.
 †*Fitts, A. A., Batavia.
 Foote, L. F., Minneapolis, Minn.
 Franz, C. H., Aurora.
 Frazier, F. R., Yorkville.
 836 †*Freeman, J. A., Millington. (942).
 Fullam, M. E., Aurora.
 Gahagan, H. J., Elgin.
 960 †*Gillette, P. F., Elgin.
 Gillette, S. C., Aurora.
 Guyer, C. W., Aurora.
 †*Hardy, H. T., Kaneville.
 †Hawley, C. W., Chicago.
 †*Herrick, J. B., Chicago.
 Hitchcock, C. H., Aurora.
 †*Jenks, F. H., Aurora.
 Johnson, C. B., Batavia.
 †Knight, M. C., Aurora.
 LaBaum, L. H., Aurora.
 Loewy, Arthur, Oak Park.
 *Lyman, H. M., Chicago.
 †Lucas, Geo. N., Elgin.
 Meiklejohn, Julia, Elgin.
 †*Murphy, J. B., Chicago.
 *McCauley, Thos. E., Gilberts.
 836 †*McClelland, R. A., Yorkville.
 McCormack, E. A., Elgin.
 McDonald, J. W., Aurora.
 †*Nash, F. W., Big Rock.
 †*Nason, W. A., Algonquin.
 Parker, O. S., Aurora.
 Pratt, H. L., Elgin.
 Pratt, J. A., Aurora.
 Richardson, H. W., Marengo.
 *Robbins, M. M., Aurora.
 Robinson, E. A., Kingston.
 †Rutledge, J. A., Elgin.
 Schmidt, H. G. G., Elgin.
 Schneider, G. J., Elgin.
 †Scott, R. G., Geneva.

Seikirk, James, Aurora.
 †Sherman, Wm. P., Aurora.
 †Slater, Catharine B., Aurora.
 Smith, C. L., Aurora.
 Sturm, Arthur B., Elgin.
 Tapper, J. G., Elgin.
 *Windette, R. A., Aurora.
 Wyllys, Henry, Aurora.

Franklin County Medical Society.

Meets First Tuesdays in January, April, July and
 October, at 10 A. M., at Benton.

Officers.

President, S. M. Roberson.....Gresham
 Secretary, W. H. Smith.....Benton

Members.

Bastin, W. C., Parrish.
 Brown, J. P., Benton.
 Carter, D. L., Thomsonville.
 Chastain, J. H.
 Harrison, F. O., Christopher.
 Hudgins, C. M., Thompsonville.
 Hutson, U., Brayfield.
 Johnson, W. L.
 Jones, H. E., Thompsonville.
 Orr, A. G., Benton.
 †Patterson, H. A., Downing.
 Philip, Harry O., Ewing.
 Poindexter, R. E., Benton.
 Roberson, S. M., Gresham.
 Smith, J. D., Benton.
 Smith, W. H., Benton.

Galva District Medical Society.

Meets Annually, First Tuesday in May, at Galva.

Officers.

President, W. A. Grove.....Galva
 Secretary, C. W. Hall.....Kewanee

Members.

†*Carter, Chas. W., Aledo.
 *Chrisman, W. D., LaFayette.
 Cole, W. H., Kewanee.
 Cowles, Geo. H., Woodhull.
 *Eads, C. J., Oquawka.
 *Grove, W. A., Galva.
 Guthrie, F. A., Aledo.
 †*Hall, C. W., Kewanee.
 Hall, W. T., Toulon.
 *Heflin, H. N., Kewanee.
 †*McClanahan, W. S., Woodhull.
 *Melaik, H. B., Kewanee.
 Pierce, A. M., Wyoming.
 †Rathburn, F. D., New Windsor.
 Stewart, H. J., Kewanee.
 Thompson, W., Galva.
 Vannice, J. F., Bishop Hill.
 *Ward, M. T., Toulon.
 Waterous, H. W., Galva.
 Willets, A. P., Keithsburg.

Jacksonville Medical Club.

Meets every two weeks.

Officers.

President, A. L. Adams.....Jacksonville
 Vice-President, George E. Baxter..Jacksonville
 Secretary, D. W. Reid.....Jacksonville

Members.

938 †*Adams, A. L., Jacksonville.
 938 †*Baker, E. F., Jacksonville.

938 †*Baxter, Geo. Edwin, Jacksonville.
 938 Baxter, Geo. Edward, Jacksonville.
 938 †*Black, Carl E., Jacksonville.
 938 *Bowe, Edward, Jacksonville.
 938 *Campbell, H. C., Jacksonville.
 938 †*Cole, W. C., Jacksonville.
 938 †*Hairgrove, J. W., Jacksonville.
 938 †*McLaughlin, W. K., Jacksonville.
 938 †*Norbury, F. P., Jacksonville.
 938 †*Pitner, T. J., Jacksonville.
 938 Reid, David W., Jacksonville.
 938 *Thompson, P. C., Jacksonville.
 938 †Wakely, T. A., Jacksonville.

Kendall County Medical Society.

Officers.

President, J. A. Freeman.....Millington
 Vice-President, Wm. M. Hanna.....Lisbon
 Secy. & Treas., R. A. McClelland.....Yorkville

Members.

Churchill, A. H., Oswego.
 Cook, David, Plano.
 Drew, T. B., Oswego.
 Evensen, H. O., Newark.
 †*Freeman, J. A., Millington.
 Hanawalt, C. G., Lisbon.
 *Hanna, Wm. M., Lisbon.
 Kinnet, W. E., Yorkville.
 Moore, A. W., Bristol.
 Martin, H. M., Lisbon.
 †*McClelland, R. A., Yorkville.
 Riggs, J. P., Plano.

Medical and Surgical Society of Western Illinois.

Meets May 4, at Carrollton.

Officers.

President, H. W. Smith.....Roodhouse
 Secretary, H. A. Chapin.....Whitehall

Members.

Adams, J. W., Walkerville.
 918 Ash, John R., Brighton.
 827 *Barnett, A. A., Jerseyville.
 Barnett, H. K., Upper Alton.
 827 Barry, E. L. H., Jerseyville.
 938 †*Black, Carl E., Jacksonville.
 Bowman, L. M., Alton.
 †*Chapin, H. A., Whitehall.
 †*Chapman, H. W., Whitehall.
 Clampt, L. H., Jacksonville.
 *Clement, F. A., Greenfield.
 918 †*Corr, A. C., E. St. Louis.
 918 *Corr, L. H., Carlinville.
 918 †Dalton, W. B., Scottville.
 *Day, W. C., Winchester.
 Driyer, A. G., Carrollton.
 827 Erwin, A. D., Fidelity.
 Erwin, A. P., Medora.
 Fenity, E. W., Kane.
 †*Fisher, Waldo, Alton.
 827 Flautt, J. A., Otterville.
 Foreman, C. B., Kane.
 827 †Gledhill, H. R., Jerseyville.
 Gooch, E. S., Carrollton.
 938 †*Hairgrove, J. W., Jacksonville.
 Hall, T. H., Carrollton.
 Hamilton, L. O., Barrow.
 913 Hardesty, T. O., Kampsville.
 †*Haskell, W. A., Alton.

- †^aHerriott, E. L., Jacksonville.
 Jonett, E. E., Woody.
 Kincaid, W. L., Roodhouse.
 *Knox, W. T., Manchester.
 Lane, L. H., Medora.
 Lemen, H. R., Alton.
 †*Miner, Jas., Winchester.
 938 †*McLaughlin, W. K., Jacksonville.
 938 †*Norbury, F. P., Jacksonville.
 938 †*Pitner, T. J., Jacksonville.
 917 †*Prince, A. E., Springfield.
 Proctor, E. G., Kane.
 *Redwine, J. W., Whitehall.
 †*Ross, G. W., Carrollton.
 Runde, M. N., Kampsville.
 Russell, F. H., Eldred.
 827 Shobe, A. A., Jerseyville.
 938 †*Smith, H. W., Roodhouse.
 †*Smith, Wm. H. C., Godfrey.
 *Taphorn, G., Alton.
 Thomas, C. R., Roodhouse.
 827 Tidball, J., Grafton.
 827 †*VanHorne, A. K., Jerseyville.
 827 *Waggoner, L. T., Jerseyville.
 827 Williams, J. S., Jerseyville.
 Williams, W. T., Nebo.

Military Tract Medical Association.

Meets at Kewanee.

Officers.

President, E. J. Sutton.....Canton
 Secretary, C. B. Horrell.....Galesburg

Members.

- 958 Adams, A. R., Tennessee.
 *Aldrich, D. W., Galesburg.
 941 *Ball, A. W., Rushville.
 958 †*Bacon, J. B., Macomb.
 Bailey, J. A., Biggsville.
 932 *Ball, R. M. C., Monmouth.
 Beacon, D. F., Blandinsville.
 Becker, Louis, Knoxville.
 Bennett, S. B., Fairview.
 Blackburn, R. S., Breeds.
 Blair, S. A., Abingdon.
 Botts, J. A., Littleton.
 Biddle, J., Monmouth.
 Bradley, W. R., Galesburg.
 †*Bradway, C. F., Abingdon.
 †*Braunworth, Anna, Chicago.
 †*Bremmer, H. A., Ashton.
 *Camp, J. E., Brooklyn.
 Clayberg, S. S., Avon.
 Cole, W. H., Kewanee.
 949 †*Coleman, J. E., Canton.
 Cox, J. Neil, North Henderson.
 *Craig, A. L., Chicago.
 Creel, D. M., Industry.
 Davidson, J. W., Oneida.
 Davis, E. E., Avon.
 Fletcher, H. H., North Henderson.
 932 Foster, H. A., Gerlaw.
 *Framing, E. C., Galesburg.
 932 *Graham, A. R., Little York.
 Grey, W. B., Altona.
 932 Griffith, B. A., Swan Creek.
 958 †*Grigsby, W. E., Blandinsville.
 †*Hall, C. W., Kewanee.
 *Haines, W. E., Bushnell.
 Hall, G. F., Galesburg.
 Hamilton, B. F., Roseville.
 Harrison, D. C., Bath.
 949 Harrison, F. M., Bryant.
 Harrison, H. M., Quincy.
 †Hart, H., Quincy.
 *Harter, J. F., Stronghurst.
 949 †*Hayes, T. C., Canton.
 *Heflin, H. W., Kewanee.
 958 *Hendricks, W. W., Bardolph.
 Henry, R. F., Princeville.
 932 *Holliday, W. S., Monmouth.
 958 Holmes, J. B., Macomb.
 †Hopper, H. C., Galesburg.
 *Hornbeck, N. B., Youngstown.
 †*Horrell, C. B., Galesburg.
 Hunter, C. W., Victoria.
 Huntley, O. H., Buda.
 Johnson, A. L., Castleton.
 975 †*Johnson, Otis, Quincy.
 975 Justis, J. D., Quincy.
 †*Kanne, Al. J., Peoria.
 *Kerr, Robt. A., Peoria.
 932 †*Kilgore, J. C., Monmouth.
 Kirkland, J. A., Cambridge.
 †*Knapp, A. A., Brimfield.
 958 †*Knappenberger, H., Macomb.
 975 Koch, J. A., Quincy.
 *LeMatty, J. B., New Philadelphia.
 958 †*Lewis, R. E., Macomb.
 Luster, G. E., Galesburg.
 Mackey, A. S., Louisiana, Mo.
 †*Maley, W. H., Galesburg.
 †*Marcy, M. S., Peoria.
 *Matheny, R. C., Galesburg.
 932 Marshall, Hugh., Monmouth.
 932 *McClanahan, J. M., Kirkwood.
 †*McClanahan, W. S., Woodhull.
 *McGaughey, T. M., Pennington Point.
 McKee, E. N., Sciota.
 Miller, S. M., Peoria.
 958 Miner, Eliz. R., Macomb.
 932 †*Mitchell, E. L., Monmouth.
 Montgomery, C. L., Bushnell.
 975 †*Montgomery, E. B., Quincy.
 *Morris, E. V. D., Galesburg.
 938 †*Norbury, F. P., Jacksonville.
 Noren, G. B., Kewanee.
 †*Oliver, J. H., Kewanee.
 †*Owens, D. W., Hersman.
 Parson, Arthur, Elmira.
 932 *Patton, A. G., Monmouth.
 †*Percy, J. F., Galesburg.
 Plummer, Jno. A., Trivoli.
 949 Plummer, Wm., Farmington.
 958 Pollock, A. D., Macomb.
 Powell, Geo. P., LaHarpe.
 †Rathburn, F. D., New Windsor.
 †*Rice, Della M., Galesburg.
 †Richardson, Martha A., Canton.
 Rider, C. J., Bushnell.
 Riggs, Jno. P., Kappa.
 958 *Roark, J. P., Bushnell.
 Rogers, W. H., Cuba.
 †*Roskoten, O. J., Peoria.
 Russell, Frank S., Macomb.
 †*Ryan, L. R., Galesburg.
 †*Shallenberger, W. E., Canton.
 932 †*Sherrick, C., Monmouth.
 Shidler, A. L., Ellisville.
 Shreck, Jno. A., Cameron.
 932 †*Skinner, C. A., Monmouth.
 †Slater, A. S., Wataga.

- *Smith, W. K., LaHarpe.
 932 †*Standley, Emma B., Alexis.
 932 †*Standley, J. N., Alexis.
 958 †*Stremmel, S. C., Macomb.
 †*Sutton, E. M., Peoria.
 949 †*Sutton, J. E., Canton.
 Swartz, Edwin, Knoxville.
 936 †Taylor, Jno. F., Bu.
 932 †*Wallace, F. E., Monmouth.
 Washburn, W. E., Kewanee.
 Waterous, W. H., Galva.
 †*Webster, J. R., Monmouth.
 932 †*Wells, W. H., Monmouth.
 White, W. J., Rio.
 Whitehead, Emory I., Victoria.
 †*Will, O. B., Peoria.
 949 *Zeigler, W. T., Canton.
 Zook, E. W., Peoria.

Monroe County Medical Society.

Meets in March and September at Waterloo.

Officers.

President, H. Ganter.....Floraville
 Secretary, L. Adelsberger.....Waterloo
 Treasurer, W. A. James.....Chester

Members.

Adelsberger, L., Waterloo.
 Faults, J. C., Waterloo.
 Ganter, H., Floraville.
 Heidelberg, H., Hecker.
 James, W. A., Chester.
 Kuehn, O., Burksville.
 †*Nixon, M. G., Columbia.
 Rothstein, H., St. Louis.
 *Sennott, J. S., Waterloo.
 Skeel, S., St. Louis.

North Central Illinois Medical Association.

Meets Annually First Tuesday in December.

Officers.

President, Jno. Ross.....Pontiac
 First Vice-President, Jane Reid Keefer...Sterling
 Second Vice-President, L. G. Thompson...Lacon
 Secy. and Treas., Geo. A. Dicus.....Streator

Members.

- 960 †*Allaben, J. E., Rockford.
 †*Anthony, Frank, Sterling.
 Artin, Arsen Sissak, Hennepin.
 909 Ballard, H. F., Chenoa.
 Banker, F. M., Franklin Grove.
 909 Bannister, T. O., Ode'l.
 Banta, C. F., Eureka.
 909 *Barnes, S. M., Fairbury.
 †Beard, Leslie A., Polo.
 Bickel, Amos S., Chillicothe.
 828 †*Boal, Robt., Lacon.
 Bokhof, C. H., Dixon.
 942 *Bonar, B. L., Streator.
 909 Bradley, C. M., Cornell.
 †*Brock, J. E., Coal City.
 †*Brower, Dan'l. R., Chicago.
 †*Brown, Sanger, Chicago.
 Buellesfield, M. E., Troy Grove.
 942 *Burke, P. M., LaSalle.
 942 *Burrows, Thos. W., Ottawa.
 942 Chalfant, C. D., Streator.
 Cheadle, Clarence M., Lee Center.
 Colbourne, J. A., Ransom.

- Conley, D. S., Streator.
 Cook, Chas. E., Mendota.
 †*Cook, Edgar P., Sr., Mendota.
 *Cook, Edgar P., Jr., Mendota.
 Corbus, Jno. C., Sr., Kankakee.
 Corbus, J. C., Jr., Troy Grove.
 918 †*Corr, Albert C., Carlinville.
 †*Cotton, A. C., Chicago.
 *Coveny, M. J., Spring Valley.
 †*Curry, T. W., Streator.
 909 †*Daly, V. M., Pontiac.
 942 *Dicus, Geo. A., Streator.
 942 †*Dicus, Jos. F., Streator.
 Downey, Wm. L., Wenona.
 *Edwards, Jos. W., Mendota.
 942 †*Ensign, Wm. O., Rutland.
 Evans, P. M., Minock.
 828 *Everett, E. S., Lacon.
 Field, A. E., Plattville.
 936 Flint, Oliver J., Princeton.
 828 *Fogg, C. E., Wenona, 942.
 Franklin, J. H., Spring Valley.
 942 Fraser, Wm. H., LaSalle.
 Frazier, F. R., Yorkville.
 942 †*Freeman, J. A., Millington, 836.
 †*Garrison, Harriet E., Dixon.
 Gaylord, Edwin, Pontiac.
 †*Gillespie, T. W., Lstant.
 942 †*Goble, E. T., Earlville.
 928 Goodheart, Jno. W., Lexington.
 928 *Gordon, R. Earl, El Paso.
 Gregory, J. A., Long Point.
 †*Grim, Adam, Franklin Grove.
 942 †Guthrie, F. A., LaSalle.
 Hanson, Frank, Tonica.
 936 Hanmore, Jno. J., Malden.
 828 †*Hendrick, Stephen O., Henry.
 Hirsch, Sam'l., LaSalle.
 Hoffman, J. R., Chicago.
 †*Hunt, C. C., Dixon.
 Jennings, M. B., Streator.
 952 †*Johnson, Chas. B., Champaign.
 909 Jones, T. W., Cornell.
 957 †*Jump, D. W., Plainfield.
 *Kaiser, J. M., Somonauk.
 †*Keefer, J. F., Sterling.
 †*Keefer, J. R., Sterling.
 Klemsmid, Jas. A., Troy Grove.
 †*Knoblauch, J. L., Metamora.
 Kost, Chas. C., Dixon.
 917 †*Kreider, G. N., Springfield.
 936 *Landis, B. F., Tiskilwa.
 Leavens, D. C., Amboy.
 †*Lord, F. H., Plano.
 936 Lytle, Jas. P., Princeton.
 *McArthur, L. L., Chicago.
 *McPherson, C. W., Hazelhurst.
 828 Martin, B. A., Lacon.
 828 †*Marshall, J. A., Pontiac.
 *Martin, Franklin H., Chicago.
 936 Mason, Wm. C., Walnut.
 909 †*Middleton, A. B., Pontiac.
 Miller, R. B., Millington.
 Moore, Amos F., Dixon.
 *Moyer, H. M., Chicago.
 †*Murphy, E. S., Dixon.
 *Murphy, J. B., Chicago.
 Newkirk, Garrett, Chicago.
 Nowlen, J. A., Dixon.
 828 Oliver, E. W., Wenona.
 *O'Malley, W. H., Kinsman.

- Orelup, C. E., Streator.
 909 Otis, N. M., Fairbury.
 936 †Owens, A. E., Princeton.
 936 *Owens, Hattie M., Princeton.
 *Owen, W. R., Sublette.
 936 †*Palmer, Chas. A., Princeton.
 *Patrick, Hugh T., Chicago.
 909 Pearson, J. J., Pontiac.
 †*Percy, Jas. F., Galesburg.
 †*Perisho, E. E., Ancona.
 *Peterson, S. G., Rutland.
 Peterson, V. A., Somonauk.
 942 †*Pettit, Jas. W., Ottawa.
 916 *Phillips, A. C., Apple River.
 974 Pike, Wm. A., Ottawa.
 909 †*Rabe, Wm. L., Dwight.
 936 †*Robinson, F. C., Wymanet.
 †Rohrabough, E. E., Chicago.
 909 *Ross, Jno., Pontiac.
 Schmalling, Hannah N., Fulton.
 Schmitz, Peter, Lenore.
 Schonneshoefer, Wm., Lonestant.
 Scouller, Jno. D., Pontiac.
 Sexton, Roy, Streator.
 942 †Soule, C. E., Sheridan.
 936 Steele, Henry Danford, Princeton.
 *Stettler, Thos. H., Paw Paw.
 942 Stout, Jos., Ottawa.
 †Sullivan, E. A., Amboy.
 Sullivan, E. P., Malvern.
 Taylor, Fred C., Florid.
 942 Taylor, Jno. J., Streator.
 †*Thomas, Chas. D., Peoria.
 Thomas, D. E., Lacon.
 828 *Thompson, L. G., Lacon.
 942 Thornton, W. N., Leland.
 Tranior, Thos. H., Ransom.
 Turner, F. A., Sandwich.
 †*Tweddale, Jas., Washburn.
 942 *Watts, Edw. L., Triumph.
 942 †*Weis, E. W., Ottawa.
 †White, E. C., West Brooklyn.
 †*White, S. C., Somonauk.
 White, Marion L., Dixon.
 Wilcox, Chas. A., Amboy.
 933 Wilcox, E. A., Minock.
 Wilcox, F. W., Minock.
 *Wilder, Wm. H., Chicago.
 †*Will, O. B., Peoria.
 Wormley, G. J., Sandwich.
 Wyatt, J. T., Eureka.
 Zinser, Harley A., Roanoke.
 942 Zeising, Henry, Peru.

Peoria City Medical Society.

Officers.

President, M. S. Marcy.....Peoria
 First Vice-President, R. A. Hanna.....Peoria
 Second Vice-President, L. A. McFadden.....Peoria
 Secretary, E. M. Eckard.....Peoria
 Treasurer, Jeanette Wallace.....Peoria

Members.

- †*Allison, W. R., Peoria.
 Baker, R. W., Peoria.
 Beilstein, Dr., Morton.
 Bellinger, W. H., Peoria.
 Bradley, E. H., Peoria.
 Bradley, R. D., Peoria.
 †*Brobst, C. H., Peoria.
 †*Brown, J. L., Peoria.

- 828 †*Boal, Robert, Lacon.
 †*Collins, Clifford U., Peoria.
 *Corcoran, A. L., Peoria.
 *Conibear, W. H., Morton.
 Chapman, A., Deer Creek.
 Coon, Bethinia, Hanna City.
 933 *Davis, C. E., Peoria.
 *Davis, E. L., Peoria.
 Davisson, A. W., Peoria.
 †*Dombrowski, P., Peoria.
 DuMars, R. A., Peoria.
 *Eckard, E. M., Peoria.
 Finnell, J. J. L., Peoria.
 Gerzema, F., Peoria.
 Green, R. L., Peoria.
 *Hayes, H. M., Peoria.
 Hanna, R. A., Peoria.
 Hasson, Ed., Peoria.
 *Hensley, J. W., Peoria.
 †*Horwitz, S., Peoria.
 Johannes, A., Peoria.
 †*Kanne, A. J., Peoria.
 *Kerr, R. A., Peoria.
 Kors, M. L., Peoria.
 *Lucas, Emma J., Peoria.
 Lucas, Frank B., Peoria.
 *Mansfield, W. D., Washington.
 †*Marcy, M. S., Peoria.
 Miller, S. M., Peoria.
 *Miller, J. S., Peoria.
 Murphy, J., Peoria.
 *McIlvaine, T. M., Peoria.
 *McFadden, L. A., Peoria.
 McFall, W. E., Peoria.
 *Niergarth, W., Pekin.
 Paine, J. C., Peoria.
 Plummer, J. A., Trivoli.
 †*Plummer, A. S., Peoria.
 Roberts, J. C., Peoria.
 †*Roskoten, O. J., Peoria.
 Sedgwick, H. M., Peoria.
 Schoaff, H. A., Peoria.
 *Shaw, Viola, Bradford.
 Sheppard, J. H., Peoria.
 *Sloan, J. F., Peoria.
 *Sloan, W. T., Peoria.
 Steele, H., Peoria.
 Studer, E. B., Peoria.
 †*Sutton, E. M., Peoria.
 †*Stephenson, B. M., Peoria.
 †Ske'ly, John I., Pekin.
 †*Thomas, C. D., Peoria.
 Uppendahl, W. J., Peoria.
 *Wallace, Jeannette C., Peoria.
 Waln, J. R., Peoria.
 †*Whitten, H. H., Peoria.
 †*Will, O. B., Peoria.
 Willis, W. H., Peoria.
 Wright, S. E., Peoria.
 *Yoder, H. L., Morton.

Perry County Medical Society.

Meets annually in January, second Tuesday.

Officers.

President, C. G. Reagan.....Duquoin
 Vice-President, W. L. McCandless.....Pinckneyville
 Secretary, J. W. Smith.....Pinckneyville

Members.

- Blacklock, W. T., Pinckneyville.
 Carr, M. C., Duquoin.

Dunn, D. W., Duquoin.
 †Huntsinger, H. P., Pinckneyville.
 Marlow, J. T., Tamaroa.
 Mead, G. F., Pinckneyville.
 Morrison, Guy, Pinckneyville.
 *McCandless, W. L., Pinckneyville.
 Pope, R. D., Duquoin.
 Reagan, C. G., Duquoin.
 Smith, J. W., Pinckneyville.
 Templeton, J. S., Cutler.

Quincy Medical and Library Association.

Meets Second Thursday Evening each Month.

Officers.

President, E. B. Montgomery.....Quincy
 Vice-President, R. J. Christie, Jr.....Quincy
 Treasurer, J. B. Koch.....Quincy
 Secretary, Sarah Vasen.....Quincy
 Librarian, W. W. Williams.....Quincy

Members.

975 †*Christie, R. J., Jr., Quincy.
 975 Christie, R. J., Sr., Quincy.
 Ehle, C. E., Quincy.
 975 Gill, L. L., Quincy.
 975 †*Hatch, H., Quincy.
 Irwin, G., Quincy.
 975 Koch, J. B., Quincy.
 975 †*Montgomery, E. B., Quincy.
 975 *Nickerson, L. H. A., Quincy.
 Pendleton, F. M., Quincy.
 975 †*Rice, J. H., Quincy.
 975 *Robbins, Jos., Jacksonville, 938.
 Rook, Chas. W., Quincy.
 975 †*Rooney, Abby Fox, Quincy.
 975 Tull, Frank E., Quincy.
 975 Vasen, Sarah, Quincy.
 †Wells, C. A., Quincy.
 975 †*Williams, W. W., Quincy.
 975 Wilson, I. T., Quincy.
 975 Woods, R., Quincy.
 Zimmermann, E., Quincy.

Schuyler County Medical Society.

Meets monthly.

Officers.

President, *E. B. DeGraff.....Rushville
 Vice-President, *A. W. Ball.....Rushville
 Secretary, W. F. Harvey.....Rushville
 Treasurer, J. A. Harvey.....Rushville
 No list of other members received.

Southern Illinois Medical Association.

Meets Semi-Annually.

Officers.

President, O. A. Dean.....Campbell Hill
 First Vice-President, J. A. Helm....Metropolis
 Second Vice-President, M. D. Empson..Hartford
 Secretary, O. B. Ormsby.....Murphysboro
 Asst. Secy., Chas. E. Riseling.....Murphysboro
 Treasurer, A. T. Telford.....Menard

Members.

Adams, G. C., Centralia.
 Adderly, H. C., Chester.
 927 Adelberger, L., Waterloo.
 Adkins, A. E., Metropolis.
 Agnew, F. W., Makando.
 Agnew, T. L., Anna.
 953 Allen, Wm. A., Epworth.

*Alsop, T. E., Carlyle.
 Apple, W. W., Los Angeles, Cal.
 †Armstrong, J. W., Centralia.
 *Asbury, J. M., New Haven.
 934 Baker, A. P., Cottage Home.
 Baker, G. J., Cottage Home.
 Baker, Miles D., Cottage Home.
 Ballamer, Jno. W., Harrisburg.
 Balzer, L. P., Cairo.
 Barger, Adolph, Lebanon.
 *Baysinger, M. W., Grand Tower.
 Bean, Francis, Fairfield.
 Beattie, A. B., Red Bud.
 *Benson, N. J., Vienna.

931 Bock, G. G., Smithton.
 Boemer, Chas. E., Venedy.
 Bolt, H. M., Ellis Grove.
 †Bondurant, A. A., Cairo.
 Booth, D. S., St. Louis.
 830 †Boswell, C. J., Beechwood.
 Botton, E. H., E. St. Louis.
 *Bowling, J. W., Omaha.
 Bristo, J. C., Wayne City.
 948 Broening, M., Carlyle.
 Brookings, C. M., DuQuoin.
 Brooks, E. W., St. Elmo.
 Brooks, J. H., Carterville.
 Broomer, E., Centralia.
 Burdick, L., Grayville.
 Burgess, L. D., Sparta.
 Burgess, L. M. D., St. Marys, Mo.
 Burnett, W. E., Norris City.
 †Buxton, W. E., Samsville.
 Caldwell, Delia, Paducah, Ky.
 931 Campbell, J. M., Marissa.
 Carry, S. B., Cairo.
 Carter, A. R., Degognia.
 Cary, S. B., Carbondale.
 C'ark, W. C., Cairo.
 Coleman, J. H., Carterville.
 945 Combs, G. W., Ridgeway.
 918 †*Corr, A. C., Carlinville.
 Coulter, A. P., Marissa.
 †Crebbs, Berry S., Carmi.
 Dameron, Jno. M., Vienna.
 *Daniel, O. L., Murphysboro.
 Davis, Edw. A., Murphysboro.
 Davis, W. H., Fairfield.
 *Dean, O. A., Campbell Hill.
 931 †*DeCourcy, J. O., E. St. Louis.
 *Dinges, H. A., Red Bud.
 910 Dodds, F. S., Anna.
 910 Dodds, Samuel, Anna.
 829 Dunn, D. Winton, DuQuoin.
 †Dunn, Jas. W., Cairo.
 Earnhart, E. G., Hillsboro.
 Eddington, J. F., Enfield.
 917 †Egan, J. A., Springfield.
 Empson, M. D., Hartford.
 *Essick, W. W., Murphysboro.
 Etherton, Monroe, Carbondale.
 934 Evans, G. W., Marion.
 934 †*Ferrell, H. V., Carterville.
 †*Fiegenbaum, Edward, Edwardsville.
 926 Fisher, H. C., Metropolis.
 Freeman, C. E., Murphysboro.
 French, G. H., Carbondale.
 †Galbraith, Chas. M., Carbondale.
 Garrison, B. E., Wayne City.
 *Gault, H. L., Sparta.
 Gibson, O. N., Eldorado.

- 926 Glass, M. M., E. St. Louis.
 910 †Goodman, T. B., Cobden.
 Gordon, W. A., Chester.
 †Green, Earl, Mt. Vernon.
 Green, W. Duff, Mt. Vernon.
 †*Grinstead, W. F., Cairo.
 †*Guthrie, H. R., Sparta.
 Hagerty, Thos., Wayne City.
 Hale, E. H., Belle Prairie.
 910 *Hale, Jas. I., Anna.
 910 †Hale, Jno. A., Alto Pass.
 910 Hale, Vincent E., Anna.
 Hall, Andrew, Mt. Vernon.
 Hall, N. J., Fairfield.
 Hall, W. W., McLeansboro.
 †*Hall, S. C., Omaha.
 *Hamilton, J. W., Mt. Auburn.
 *Hargan, J. H., Mound City.
 Harrall, J. L., Norris City.
 Harrel, W. D., Norris City.
 Hartwell, D. D., Marion.
 Hassett, J. J., McLeansboro.
 Hays, A. J., Alma.
 Hays, Geo. R., Oakdale.
 931 Herold, Hugo, Mascoutah.
 Hill, E. L., Perry.
 Hilliard, T. J., Jeffersonville.
 Holt, Luther, Carter.
 953 †*Hopkins, J. N., Burnt Prairie.
 926 †Helm, J. A., Metropolis.
 Higgs, J. I., Coulterville.
 Hortsman, H. G., Vergennes.
 †Hunter, C. T., Springtown.
 829 †Huntsinger, H. P., Pinckneyville.
 †Ingram, W. T., Murphysboro.
 Jack, R. B.
 Jacobs, R. H., Marissa.
 927 James, W. A., Chester.
 Jamison, T. H., Endfield.
 Johnson, C. E., Johnsonville.
 Johnson, Geo., Brookport.
 Johnson, Wm. M., Johnsonville.
 Johnson, Wm. L., Aiken.
 Johnson, W. T., Ridgway.
 Jones, Alfred T., Inman.
 Kane, W. W., Pinckneyville.
 Keesee, Jno., Carbondale.
 Keesee, W. H., Carbondale.
 Keith, L. D., Anna.
 †Lane, G. H., E. St. Louis.
 LaRue, H. D., New Burnside.
 †*Lee, A. M., Carbondale.
 953 Lehman, J. L., Carmi.
 953 Lemmon, R. B., Norris City.
 LeSaulner, H. L., Red Bud.
 910 Lingle, W. E., Cobden.
 953 Long, Felix, Endfield.
 910 †Lyerley, A. J., Jonesboro.
 Mann, C. A., Gordon Plains, Kans.
 829 Marlow, J. T., Tamora.
 910 †Martin, Sid. C., Anna.
 Maxey, Moss, Mt. Vernon.
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ILLINOIS Medical Journal

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Monthly Under Direction
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Printed by
THE ILLINOIS STATE JOURNAL COMPANY.

Entered in the Springfield Postoffice as Second-Class Matter.

Volume LI.
New Series, Vol. III. }
Number 12. }

Springfield, Ill., May, 1902.

{ Subscription, \$3 a Year.
Single Copies, 25 Cents. }

PROGRAM OF SECTIONS AND ABSTRACTS OF PAPERS FOR MEETING AT QUINCY, MAY 20-22, IN THIS ISSUE.

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VOL. I.L.
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Springfield, Ill., May, 1902.

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SOME OBSERVATIONS ON THE USE OF ELECTRICITY AS A THERAPEUTIC AGENT.*

BY JAMES C. GILL, M. D., CHICAGO.

General observation and work in post graduate school, forces me to the conclusion that the average physician knows but little about electricity as a therapeutic agent. The cause of this state of affairs is not difficult to discover. Only within the past few years has this subject been given attention in the medical schools and even at the present time, there are comparatively few schools devoting the proper amount of time to the consideration of this therapeutic remedy. Yet, sooner or later most physicians after entering active practice adopt the use of electricity in some form in the treatment of their patients. Electricity is either of value as a therapeutic agent or it is valueless. If the first be correct, and I believe it to be, then the same degree of care should be given to the study of its physiologic action and therapeutic application which we bestow upon the drugs of our *Materia Medica*. Failure to obtain good results from the use of electricity comes, frequently, from a lack of knowledge of how to use it. What physician wishing to retain his self respect and professional standing, would advise his patients to procure an indiscriminate list of drugs, and take them according to their own free will. Would you expect brilliant results from such a procedure; yet, the equivalent to this absurd question is only too frequently shown in the use of electricity. Physicians often advise their patients to "get a battery" and use it. Only failure can follow such methods of prescribing. We often hear the remark that any benefit derived from the use of

electricity is due to its psychic effect. The same statement would be as aptly applied to the results obtained from the administration of any drug. Surely the electrolytic and cataphoric action of electricity are not psychic. The power of the anode to quiet a painful nerve or the cathode to stimulate, or the muscular contraction produced by the application of electricity has something more to recommend its use in disordered conditions, than its effect upon the mind. As it would be impossible in the short time allotted, to speak of the general therapeutic uses of electricity, I wish to call your attention to some of the benefits to be derived from its use in *Neurasthenia*.

Neurasthenia or nervous prostration is a functional disorder characterized by an excessive nervous weakness or fatigue manifested after slight exertion. It finds its victims among the business and professional men, with their intense mental strain consequent upon the strife for success, and the struggle of competition, among the devotees of society and club life, with their loss of sleep and constant excitement; also, among the poorer classes from overwork and lack of proper food. Such exciting causes produce in the neuron an exhaustion of nerve energy, beyond the power of recuperation and repair. How best to overcome this condition and restore the patient to normal is often a perplexing and vexatious question. I will consider its treatment, only so far as it pertains to the use of electricity.

First, *Cerebral Galvanization*. The power of the galvanic current to directly influence the brain, has been disputed. Opponents of this method of treatment claiming that electricity follows the paths of least resistance and passes around the scalp and not through the brain. But the experiments of Erb and of others, the disturbances produced at times while applying the current such as dizziness and faint-

*Read at the Fifty-first Annual Meeting of the Illinois State Medical Society, Peoria, May 21, 1901.

ness, go to prove that the brain is influenced directly by electricity, but the most conclusive proof is the physical law that electricity tends to take the 'shortest path between the two electrodes and some of the current must necessarily pass through the brain. I have found the best method of application to be the use of sponge electrodes, 4 to 6 inches in diameter. The positive placed on the forehead, the negative at nape of neck using a current of 2 to 8 M. A., for 10 to 15 minutes at each application. As in the use of drugs the dosage and frequency of administration are governed by the condition of the patient, so with electricity, the strength of current and length of application must be regulated to suit each individual case. We encounter idiosyncrasies in the use of electricity as in the use of drugs so that some cases are apparently made worse by its application. The good effects of cerebral galvanization are shown in the relief of headache, in the disappearance of that almost constant sensation of weight and pressure so common in this class of cases and a general feeling of well being. The application should be made each day or every other day to meet the requirements of each case. Insomnia is frequently a troublesome symptom requiring the use of hypnotics. The benefits derived from the rest given to the nervous system from their judicious administration, far outweigh any disturbance they may produce. I have repeatedly induced sleep in such cases by sub-aural galvanization. A small electrode at the blood vessels of the neck, the other electrode at nape of neck using a mild current, 2 to 3 M. A., in strength from 5 to 10 minutes on each side. Intractable cases of insomnia often readily yield to this method of treatment, a quiet refreshing sleep following with none of the disagreeable after effects that sometimes follow the use of hypnotic drugs. Such treatment usually necessitates the presence of the physician at his patient's bedside some hour in the evening, which is not always convenient. But an intelligent nurse, carefully instructed in the use of electricity

may be able to give the treatment with satisfaction to both patient and physician. Most patients suffering from neurasthenia show a marked decrease in the elimination of waste products. They have poor circulation, constipation of bowels, disturbances of digestion and assimilation; whether this condition be a cause or a result of their nervous depression, their relief goes a long way toward the permanent cure of the patient. General faradization will meet the requirements of the case to a marked extent. There are various methods of administering general faradization, each having advantages and disadvantages over the other. The method which I have found most serviceable is to place a large electrode at some indifferent part of the body, conveniently at base of spine while patient is in recumbent posture. The other electrode, smaller, should be passed over the entire surface of the body. If there be marked muscular weakness, the electrode should be applied to motor points and a current used of sufficient strength to cause muscular contraction. Each group of muscles may be made to respond two or three times at each treatment. If the object of the treatment be not to cause muscular contraction alone, then a current of a strength which is agreeable to the patient should be administered by passing the electrode uninterruptedly over the various parts of the body. Each treatment should last from 20 to 40 minutes and may be given every day, or every other day is usually sufficient. The result of this form of treatment is passive exercise to muscles, stimulation of circulation, increased cell metabolism and nutrition, and consequently an increase in excretion of waste product from the body. General faradization is especially indicated in those cases where the "rest cure," treatment is adopted. Under such circumstances the value of passive exercise to all the muscles of the body produced by contraction through the influence of electricity is apparent, from the fact that it closely simulates the normal function of muscle. General faradization also produces by its reflex

action an influence upon the central nervous system. This reflex action may be difficult to explain, yet it undoubtedly acts in a manner similar to local heat or cold applied to the chest for the relief of some of the acute affections of the lung. Static electricity with its current of enormously high electro-motive force is frequently utilized with good results in the treatment of these cases. It has the advantage that it may be administered without the removal of the clothing. The usual methods of application are:

First, insulation, which charges the patient with a current of high tension resulting in increased circulation, some elevation of temperature, relief from headache and a disappearance of the muscular fatigue so commonly present in this disorder.

Second, the direct application of the sparks to various parts of the body and especially along the spine. This acts as a counter-irritant, relieves the tenderness and pain so often found along the spine and causes a disappearance of the sense of weight and fullness so invariably present in the occipital region.

Conclusions: Electricity is not a "cure all," but it has certain well defined and demonstrable physiologic actions upon the tissues of the human body, which action is applicable for the relief of certain pathologic conditions. It should be prescribed and administered with the same care given to other therapeutic measures, and only by so doing can we hope to obtain from it, its full therapeutic value.

DISCUSSION.

Frank Allport, Chicago: I have been much interested in this paper. I feel that I know very little about electricity as a therapeutic agent, and suspect that this ignorance is more or less general throughout the profession. We all have batteries in our offices and use them from time to time without a clear conception as to why we use them, and with very little knowledge as to how they should be used. While we are using electricity we are very apt to be using other therapeutic agents, and I believe frequently ascribe beneficial results to the latter when they should be ascribed to the former. The results ascribed by Dr. Prince certainly seem remarkable, and it is questionable to me whether results of this kind could not more justly be ascribed to unconscious hypnotism or something of this nature, rather than to elec-

tricity. I think a symposium on the actual status of electricity as a therapeutic agent, discussed by level-headed and experienced men, would be of great interest and importance, and if some one would write a short book of perhaps seventy-five or a hundred pages on this subject, brought down to the comprehension of ordinary men, it would fill a long felt want.

H. W. Hand, White Hall: Mr. Chairman—It is very gratifying to know that the profession is giving more and more attention to the therapeutic uses of electricity. That the various currents have distinct and efficient effects on pathological states, is no longer a question, but a matter of actual scientific demonstration. Probably no therapeutic agent has been more misused, nor more abused. I believe the reason the profession has been so conservative in the adoption of so valuable an agent, is because it has been too largely in the hands of empirics. The quacks of every land have helped to bring it into disrepute. I am glad to know that our medical schools are beginning to elevate electrotherapeutics to the dignity of a special course. Our post graduate schools, most all of them, have a large armamentarium of electrical apparatus.

The laity at large is demanding a respite from the intensive drugging method of curing disease. And if the members of the regular profession will stay the inclination to drift away to osteopathy and the various psychic schools, they must meet this growing demand by using the means other than drug dosage, that have been demonstrated to have actual efficiency in the cure of disease.

There is a tendency on the part of some operators using electricity, to attribute much of its effect to "Suggestion." This is to be regretted. It leads to confusion. The therapeutic effect of a properly used current is pronounced and distinct and should be forever divorced from the idea that it is the effect of suggestion. The two are distinctly different and should not be confused.

I had hoped that the paper just read would discuss static electricity more at length, as it is this form of the current in which I have been especially interested. The static current has been denominated the function regulator. This is true so far as it pertains to many of the pathological states of the nervous system. I have had the pleasure of witnessing many pleasing and marked effects of the static current. Take one case for instance and then I am done: This spring I had a farmer limp into my office, suffering with severe sciatica. One and two years ago he had suffered from like attacks, which required from six to ten weeks to relieve by the usual medicinal treatment. This time I gave him negative insulation with the positive breeze and an occasional spark at three different sittings, with marked relief of the pain after each treatment, and after the fourth treatment he was able to plow every day. This is only one of many cases of satisfactory relief I could cite. Electricity has many varied effects, which our text books should express more definitely. Our investigators should be more explicit in the description

of apparatus and the methods of technique. When this is done to the degree which the subject deserves, and to the same degree as in other departments of therapeutics, I feel that electricity will take its place in the foremost rank as a recognized therapeutic agent.

HEART STRAIN; ITS RESULT AND TREATMENT.*

BY J. M. G. CARTER, M. D., WAUKEGAN.

The study of heart strain and cardiac conditions referred to heart stress is of comparatively recent date. British surgeons serving in India discovered that dilatation often occurred among soldiers, and Watson, in his lectures, expressed the opinion that it is more common in civil life than was usually supposed; but it was not until later that mechanical strain was recognized as a cause. As late as 1871 Allbutt made the remark that, "mechanical causation of heart disease is either omitted, or is treated in a way so meagre as to be worthless by the European and foreign writers." The first studies in this direction reported in the United States, so far as I am aware, were made during the war of '61-'65. M. R. Taylor sent a synopsis of some investigations made by himself in this field to the Surgeon General's office in 1864, and reported them to the American Medical Association in 1867. J. M. DaCosta reported the result of his investigations to the sanitary commission in 1867, and also in the American Journal of Medical Sciences in 1871. In the same year, 1871, Meyers, of the Coldstream Guards, wrote of the frequency of heart strain in the British army. In 1873 Frantzel gave the results of his observations in the Franco-Prussian war. A study of the literature of cardiac disease shows the first attention given to this subject was due to the occurrence of sudden dilatation in army life. That sudden dilatation may occur has been recognized by Claude Bernard, Osler, Fothergill, Goodheart and many others. Dr. Gairdner suggests that if we place the finger over the apex where

the impulse is felt most distinctly, then lean forward to a stooping position and hold the breath about one-half the expiratory interval, and continue this as long as possible, the impulse will gradually vanish as the distention of the right ventricle goes on, until it is finally lost. Prof. Wyman makes the following report of experimental studies:

He says, "I took a medium-sized dog, opened his chest, after making tracheotomy, noted the action of the heart, and the relative size of the two ventricles. Then I put the nozzle of a strong bellows into the trachea and distended the lungs with air, under the pressure thus induced in the air cells the enveloping capillaries were elongated and the blood was dammed up in the pulmonary artery and the right side of the heart, distending the right ventricle to a remarkable degree. I found that an increase of pressure in the air-cells produced proportionate increase of pressure in the right ventricle. Subsequent repetitions on other animals showed that a peculiar pallor would appear in the tongue and membrane of the mouth when the right side of the heart was over-distended. Then in another trial I distended the pulmonary air-cells by placing a dog in a box while air-pressure around the body inside the box was lowered three inches, as measured by barometer. Pallor of the tongue was again noted, and after the animal was taken from the box locomotion was performed with great difficulty; for days subsequently the exertion of a scramble for food would provoke dyspnea."

The suggestion of Dr. Gairdner, and the experiment of Prof. Wyman, point to the fact that dilatation of the right ventricle is the result of sudden interference with the circulation, or increase of blood pressure. The condition, then, of heart strain, originates in a forcible dilatation of the heart by blood pressure from within. The damage, however, falls chiefly on the ventricles. This may occur suddenly, under great physical stress, or more slowly from causes less pronounced but acting through a greater period of time. The

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right ventricle is most frequently affected. Dilatation of the left ventricle must be attributed to causes more remote, such as obstruction to the passage of blood through the arterioles of the general circulation, caused by muscular pressure, the elasticity of the larger arteries meanwhile easing the strain of the muscles appertaining to the heart. Shock is thereby lessened, and the dilatation more gradual (Allbutt).

The effect of heart strain may best be understood by calling attention to the condition of the heart under normal circumstances. Its work consists in moving a column of blood equal to about 1.13 of the weight of the human body. Under normal conditions in a man weighing 156 pounds this requires that the heart shall keep in motion a column of blood weighing in the neighborhood of twelve pounds. In each individual the heart is adjusted to the work to be done so that an equilibrium may be maintained. This equilibrium may be disturbed to a degree and the natural recuperative power enables the heart to resume its normal condition; but if this disturbance continues by overwhelming efforts, or by continued effort in slighter degree, eventually the equilibrium may be destroyed and disease result. Muscular action increases the blood pressure. Extraordinary effort, and even ordinary effort continued, may increase blood pressure. But if extraordinary effort, either sudden or prolonged, is made, or if any other resistance to the peripheral circulation exists, as diseased arteries, or cirrhosis of the kidneys, lungs or liver, the blood pressure is increased, the strain upon the heart is augmented, and the results of such strain must follow. These results are, in case of sudden and violent strain, engorgement of the right ventricle with blood, and rapid dilatation. In the case of less pronounced blood pressure dilatation will follow more slowly, but none the less surely. The effect of heart strain, then, is seen in two ways. 1st. By overwhelming disturbance causing immediate faintness, possibly paralysis and death. 2d. A more gradual dilatation from

lighter and daily strain. Where the shock does not terminate in the death of the individual at once the normal irritability of the heart is in a great measure lost. The heart muscles are in the condition of muscles in any other part of the body where the fibrils become unduly stretched and strained; the rhythmic action becomes feeble, tremulous and imperfect. In the case of the heart the condition is one of profound asthenia; it is possible, even in this instance for the effects of strain to be removed, and if the heart have the chance to rest under proper treatment it may recover its normal size in a short time, but its rhythm of action may be destroyed for weeks or months. If the strain is not sufficient to produce such destructive results at once, the changes, though less pronounced, may still be damaging. The functional disturbances of the organ are but expressions of the damage it has received. Where the condition has existed until the second stage has been reached it is seen either as simple dilatation or dilatation with some hypertrophy. Later there may be dilatation with decided hypertrophy, or there may be hypertrophy without dilatation, the cavities retaining very nearly their normal size. There are two periods of greatest danger, one is at night during those hours when the periodical distress returns and when respiratory movements are most sluggish; the other is when upon rising from a recumbent position the column of blood in the upper part of the body is suddenly thrown back upon the enfeebled ventricles, thus at the same time diminishing the brain pressure.

When the arterial tension is already high it is increased relatively more by whatever tends to raise the blood pressure. That mechanical stress or strain is an important element in the case of disease of the heart no one of great experience can doubt. Most cases of certain diseases of the heart, hypertrophy, dilatation or valvular lesions, occur in those who have been subject to strain, as some hard manual labor, the soldier's life, athletic sports, football, bicycle riding, high arterial pressure

and the like. This is nothing less than we should expect in view of our knowledge of the circulation of the blood and the structure of the vascular system. Reference has been made to the equilibrium of circulation. The circulation is oscillating and exhibits a certain variation of pressure under normal conditions, due in part to the natural elasticity of the vessels, and in part to changes in muscular contraction. Injury is done to the heart whenever resistance is excessive, as muscular effort with a tight belt or casing surrounding the body; and even when slightly above normal for the individual but continuous in rigid vessels, as in those of advancing years. Resistance to the heart's action and a degree of strain occurs in cases of cirrhosis of the lungs, liver and kidneys, or mechanical effort continuously above what the elasticity of the vessels or the natural strength of the heart muscles can easily overcome. George Oliver asserts that observations with the pulse pressure gauge have shown that when other indications are favorable the lower ranges of pressure are not only more salutary but are very often compatible with the highest degree of health. The increase of blood pressure caused by sudden and severe resistance is not characteristic of habitual muscle exercise and, indeed, later tends to reduce the mean arterial tension.

Persons who lead sedentary lives are more liable to heart strain than those whose lives are accustomed to habitual exercise. One who lifts a heavy weight occasionally is more liable to disease than one who does it continuously; but if a continuous exertion is in excess of that to which the heart and arteries may easily adjust themselves, harm may result. A man who has given up business and travels for pleasure, often upon climbing a mountain or taking active exercise becomes faint or short of breath. The sudden compression of the blood vessels by the muscles which are required to contract beyond their custom raises the blood pressure sometimes to such a degree as to rupture a limb of the aortic valve. If no damage occurs at first, however, one may become

accustomed to such exercise and rather improve under it.

"Dr. Weber, during an ascent, at the beginning of his holiday stated the rise of pulse rate to be 74 to 122, and after a week's active walking the rise was from 74 to 105."

According to Allbutt, dilatation of the right side of the heart is an early symptom of prolonged exertion, but sudden strains affect the aortic area. Other authors, as Barr and Oertel, affirm the same. Physiologists tell us that there is an initial rise of pressure in prolonged exertion, such as running, rowing, cycling, ball playing and the like. The blood is not driven out of the heart at each contraction, hence slow dilatation occurs. The heart may adjust itself to the increased pressure. It is this condition which occurs in what is called getting the second breath, or "second wind." Accumulation of waste products occurring in the blood in cases of severe exercise may have some effect in producing stress of heart directly or indirectly (Allbutt). The physician will often suffer from such condition. Called suddenly in the night or at other times, in emergency cases, he frequently takes runs to the patient or to a train; when he reaches the spot he is profusely perspiring, short of breath, almost or quite faint, perhaps sick at the stomach, the face is cold, pulse rapid, small, of low pressure; examination will probably show an increase of cardiac dulness; the cardiac area is enlarged. If he is past middle life the pulse may become irregular and intermittent, and albumenuria may succeed in the milder cases. In acuter cases pain and constriction are felt in the region of the heart, rarely in the arms. The pain may sometimes extend as far as the second interspace. There may be dyspnoea, yawning, exhaustion, cold sweat on the forehead, the pulse may be irregular in force and rate and intermittent, the right ventricle enlarged. When blood vessels are rigid, as in the aged, the danger is greater.

It was formerly supposed that heart strain was confined to the profession of

arms. The compression of belts and accoutrements seems to interfere with the natural elasticity and movement of the heart in its function of expanding to relieve the increase of blood pressure under strain, and it may precipitate trouble under physical efforts which ordinarily the patient might perform with ease. As soon as he puts on his accoutrements and begins drill everything is changed. The heart throbs more or less violently. A feeling of oppression with a difficulty of breathing is experienced, and a sensation of weakness, sickness or dizziness follows, and he may be compelled to fall out of the ranks. I saw such cases during my own military experience in the civil war, but I was not then a physician and was unable to profit by that experience. The sensation, however, I understand, for I was one of the victims of the condition. We had been marching for some hours, and just before reaching camp we were urged to a more rapid step. As we ascended a hill I was made conscious that something was wrong; the heart began to beat hard, I grew faint, sick, dizzy, and fell out at the side of the road. I lost consciousness for only a moment, but was not fit for duty until the next morning. At first the condition is only functional, the soldier being able to resume his duties after a brief rest. I was soon transferred to a position where most of my duties were performed on horse back, and my heart trouble ended.

Where the duties remain hard or care is not exercised the symptoms remain and the conditions grow worse. In acute cases the symptoms are almost uniformly described as, first, a flush of the face, particularly the cheeks, chin, nose and ears and deepened color of the lips, the veins of the neck become turgid and the respiratory movements are limited to the upper portion of the thorax; very soon respiration becomes labored, breathing short; there is profuse sweating, a deathly pallor and great weakness rapidly succeed, and, unless caught, the man falls to the ground.

My observations of heart strain and its results have been confined chiefly to athle-

tes, baseball and foot ball players, cyclists and soldiers of the civil war, Spanish-American and Philippine wars, and soldiers from the regular army. I have seen a few cases among boys, laboring men and travelers. The milder or slower form, resulting from slower processes, is very common among laborers, porters, hod-carriers and others engaged in employment where sudden and powerful effort is occasionally required, or prolonged effort (though of less pronounced character) is sustained.

One of the most marked cases of sudden heart strain occurring in my practice was the following:

It occurred five years ago. Mr. A., proprietor of a livery barn, directed his men one day to lift a heavy wagon and move it to one side. The efforts were not satisfactory, and he impulsively took hold of the load and lifted beyond his strength. He was seized with faintness and fell to the ground. I was summoned at once and attended him at his home two blocks away where he had been carried. I found that the first symptoms were those of acute heart strain, but there was in addition those of ruptured valve. He had great pain and difficulty in breathing; the heart action was slow and irregular; the valvular flapping sound at the aortic opening pointed to rupture. He informed me that he heard "something snap" in the region of the heart when he lifted the wagon. The cardiac area of dulness was large, but gradually subsided to smaller dimensions, as the case recovered. The symptoms gradually declined, and in a few days he was able to resume the lighter duties of his occupation, but it was some weeks before the sounds and the condition of the heart returned to their apparent former status; as the patient had a valvular murmur prior to the accident it was not possible to determine how much permanent damage resulted from the strain. Dilatation, however, still exists, and is likely to become more troublesome as life advances.

There are many of this class of cases among boys and young men given to hard

exertion in games. Last fall I attended a young man who had overdone a great many times. At first the face was flushed the body covered with red and whitish areas; the heart was beating violently, and the breathing was difficult; blood pressure was low; the cardiac area increased; the right ventricle dilated. The patient grew faint, became pale, slight nausea came on, but after a few minutes recovery rapidly succeeded. I have seen him in three of these paroxysms.

Allbutt reports the following case:

"A man of letters, whose constitution had been shaken by profuse haemorrhage in early life, took to the bicycle in middle age, and often rode hard and far. He complained to me that at times he felt some discomfort from it. On careful examination I found no sign of disorder; but I begged him to end his next hard ride at my house. He did so, and I then found his heart irregular and intermittent, the arterial pressure low, and the right ventricle dilated. Fortunately on his next visit he was well again, but repentant."

Such paroxysms in the middle-aged pass off more slowly, and with greater difficulty; in fact, the damage is more likely to persist in proportion to the patient's years. The pulse may remain irregular and feeble for a long time, and the breathing become embarrassed by the least effort.

In a series of examinations of some 700 ex-soldiers I have been interested in observing the large number suffering from some form of cardiac disease, most of which can be explained by reference to heart strain. These morbid conditions may frequently be observed in those who were in the Spanish-American war; already some of them are showing signs of hypertrophy, dilatation, and excessive cardiac irritability. We are assured by surgeons of the British army that high temperature increases the liability to heart strain. With this in view I have thought that the sudden transfer of our troops from northern soil to a hot and depressing climate has had something to do with the frequent occurrence of this condition amongst those who served

in Cuba or the Phillipines during the late war. Many of these soldiers were clerks or office men unaccustomed to hard work or heavy strains. The digging of trenches, or going on forced marches with their tight belts and heavy accoutrements under the rays of the hot southern sun, overcame many of them suddenly, and in others initiated troubles which will finally drag them to their graves. What these troubles may be is illustrated in the cases of the pensioners of the civil war. The greater number of these veterans, perhaps, are suffering from some form of heart lesion due to overstrain of the organ caused by the duties of their army experience. These conditions today are chiefly dilatation with or without hypertrophy, and sometimes valvular lesions; rigidity of the arteries is a frequent complication, and one of fatal significance. If compensation has not been ruptured, if hypertrophy is still maintained in sufficient degree to keep the circulation in equilibrium, and if the arteries are in fairly healthy condition, life may be prolonged for many years. If, however, equilibrium is not sustained, if dilatation is gaining and hypertrophy is losing, if compensation is failing, breathing becoming more difficult, exercise a task, dropsies come on, and progress toward the grave is more or less rapid.

Often all the distress is located in the stomach, a slight indigestion, and all the general appearance and bearing of the patient is such as to lead one to suspect gastric or intestinal disturbance or engorgement of the liver or spleen, without cardiac complications. He may not know that he has heart trouble. When asked about the short breathing he says that it came on gradually. Persistent inquiry, however, will often elicit the statement that at some time an accident occurred, or an effort was made, which will point to the origin of the ailment. Often, again, he will indicate the time clearly, by stating that faintness came on after drill, a march or exercise, but soon passed off. Sometimes there

is vertigo, and perhaps distress in the chest, particularly at night, and this is often accompanied by a smothering sensation, dyspnoea.

The study of the pulse is interesting and instructive, but the sphygmographic tracings are not always satisfactory. In the first stage the pulse is weak. In the second it may be full and frequent and hastened by exercise; it is irregular or variable or jerky, intermittent and generally dicrotic. If the strain has been felt on the right side of the heart chiefly little is indicated by the pulse, except cardiac asthenia. In these cases we often see tremulous movements in the costal margins, or in the sixth or seventh inter-costal spaces, which are easily felt by palpation. They are likely to be present in dilatation of the right ventricle, while they may be present in dilatation of the left.

Auscultation in the first stage is not always satisfactory, no signs being indicated except those of asthenia. In this stage there are no valvular lesions, no bruits or murmurs, except in severe cases where a limb of a valve is ruptured. It is only after the heart has passed beyond this stage that evidence of organic mischief is present. The systole then becomes very short. The heart contraction is reduced to half the usual time, the time between the first and second sounds is lessened, but a prolongation of the diastolic interval may be observed. The rhythmic movements may vary from 45 a minute in the recumbent position to 150 in the standing position or during moderate exercise.

Over the region where the tremulous movements are seen in later cases there will be heard a loud, rough, systolic sound of low pitch. If compared with the normal ventricular sounds of the left side, the difference may range anywhere from a half to a full tone in the diatonic scale. As a rule it is heard loudest between half an inch to the left of the costal margin opposite and a little below its junction with the sternum; and again very distinctly anywhere on a horizontal line ex-

tending from and to the right of the apex (Taylor).

In cases of recovery where the cavity of the right ventricle has almost reached its normal size this rough sound gradually passes away so that it may not be observed until the cardiac movements have been extended by exercise, then the pitch will be higher. Should dilatation remain with or without hypertrophy the rough sound retains its low pitch. If the hypertrophy diminishes the size of the cavity to nearly its normal state the pitch becomes so nearly like that of the opposite side that it is no longer distinctive. Occasionally pulmonary accentuation is present, especially if the cardiac lesion originated in respiratory trouble. In such conditions of the heart there is more or less venous stasis, circulation in the extremities is feeble, hands and feet may be cold and the color disappearing under pressure returns slowly. I have lately seen a case in which there was such general turgescence of the veins of the chest and abdomen that there was a red blush over the entire surface, leaving a white mark upon stroke similar to that characteristic of certain cases of exanthematous rash. In such cases the lips will range in color from a cherry red to a livid hue.

One of the most interesting cases among ex-soldiers that I have examined is the following:

During the civil war the patient had typhoid fever of medium severity. After convalescence and returning to his company the command was sent upon a long march. He was overcome by the exertion and heat; became faint and exhausted and fell out of the ranks. He was carried in an ambulance to the camp, and recovered in a few hours. Several times afterwards he had a similar experience, and always since has had more or less trouble with his heart. At the present time the cardiac area is increased about 20 per cent. There is mitral, tricuspid, and aortic regurgitation accompanied by hypertrophic dilatation. Tremor of the chest wall involves the entire thorax and

extends throughout the body. The pulse thrill being especially observed in the arms. A confusion of sounds exists, a rushing, rasping, blowing over the entire area of the heart, especially marked over the right ventricle, over the apex, and at the right and left second interspaces. It is difficult to separate the sounds. The pulse is visible on both radial and ulnar sides of the wrist. The radial pulse is variable, full, vanishing, irregular, intermittent, with a peculiar tracing. The up-stroke, or ascent of the sphygmogram, is quick and nearly vertical. The apex is a plateau. The down-stroke is characterized by a vibratile motion, but it is unbroken by the recoil or dirotic wave. It is the sphygmogram of high tension, aortic, and mitral regurgitation. It seems strange that one in such a condition can engage in the ordinary duties of life, yet this pensioner is able to move about at will and does light office work, but he is unable to perform any manual labor. He suffers from frequent attacks of dizziness. Fortunately compensation has not failed.

Treatment: The treatment should be prophylactic, hygienic, dietetic and medicinal. Prophylactic treatment in civil life would require elimination of corsets and belts from ordinary dress; a quiet, well-regulated life, avoiding over-exertion or any exercise that would produce a profound impression upon the heart. In military life it requires such an adjustment of accoutrements and exercise as will prevent overwhelming the heart in its efforts to carry on the circulation. The proper advice to such persons is to leave the service.

Hygienic treatment involves well regulated exercise, fresh air and sunshine, a well-ordered life and avoidance of excesses in any direction, systematic bathing of such temperature and character as will not produce shock, regular meals and sufficient sleep, the avoidance of all dissipation. Dietetic treatment in advanced cases is particularly needful. All forms of food which have a tendency in undeveloped cases to the production of gas in the stomach or

intestines, and all classes of food which produce digestive disturbances of any kind should be prohibited. The interval between meals should be of sufficient length to permit the complete digestion of one meal before another is taken. In mild and initial cases no change in the diet may be required. Where the work of the heart is excessive liquids should be limited. Even a small amount of liquid beyond the necessities of the system may work damage by over-taxing the heart. If blood pressure is low, liquids should be administered to lessen resistance and increase elimination. Hence, the condition of the pulse tension, the force of the heart's action, and the quantity of urine will serve as guides to the amount of liquid required. Hot water acts as a stimulant in cases of cardiac diseases resulting from strain, and not only washes out the stomach after digestion but strengthens a flagging heart.

If cardiac asthenia, with dilatation, is present, a dry diet is indicated. It lessens the work of the heart. If the kidney is not involved a nitrogenous diet should be prescribed: as milk, eggs and meat, gluten bread, almond meal, etc. If the disease is not of a severe type other vegetables, as onions, asparagus, lettuce and tomatoes may be allowed. Supper should be the lightest meal of the day. If patients are thirsty when using a dry diet, hot water may be taken between meals. Sometimes milk and lime water, lemon water, or a weak solution of phosphoric acid, will afford relief and may be given. Toast, nut foods, nuts and fruits often act well. Like dry foods they should be thoroughly masticated. If compensation is failing and digestion disturbed the chief reliance is in liquid nourishment. The feedings should be small in amount and frequently repeated. Rest in bed is essential. Sudden dilatation requires rest in bed and a milk diet. Hypertrophy may require rest in bed and non-stimulating diet. Well-cooked fruits may be used. The bowels must be kept open. If hypertrophic congestion of the liver occurs, some depletion may be required and a diet of

milk whey; and soda and lime water may be administered.

Medicinal Treatment. Before beginning medicinal treatment the cause if possible, should be removed. In cases, however, where asthenia is present digitalis and strychnia are the most important remedies; the addition of tonics will restore the tone of the heart and reduce its rhythmic activity. The duration of the treatment must be determined by the condition of the individual case. It will depend, somewhat, upon how the organ responds to the treatment; but so long as dilatation exists they cannot safely be stopped. There are two substitutes for digitalis which may be used alternately with that remedy, or, in place of it, as circumstances may demand; these remedies are convallaria majalis and strophanthus, and in some cases caffein. Sometimes it may be found necessary to substitute nux vomica and other tonics for strychnia; but I have found in most cases strychnia may be given, though occasionally small doses may be required. For hypertrophic over action aconite is often useful, but is should be used with great caution. Gelsemium and aconite are sometimes required as cardiac sedatives. For distress at night, belladonna, hyoscyamus and cannabis indica are valuable remedies. Occasionally bromide of potassium or bromide of sodium and codein may be required, though usually these preparations and opium would better not be used. Tonics and digestants may be of service in some cases.

DISCUSSION.

J. Palmer Matthews: Many old soldiers come before me with a history of heart strain after a severe and exhausting march. Their subjective history is that of being overcome, dropping out of the ranks with pain and distress over the heart, accompanied with shortness of the breath. A permanent and lasting inability for exertion, especially in the sun is the result.

After exercise the action becomes labored and rapid, accompanied by dyspnoea. This bears out the subjective sign of nervous shock and exhaustion.

The subject under discussion, broached by one of the old soldiers interests me much, because of the difficulty. A government official has in writing a report that will embody the claim of exhaustion of the *par vagum*, the nerve of animal life.

E. Fletcher Ingals, Chicago: I think many

physicians, in the consideration of heart strain, overlook some of the most important factors in its etiology. Take for example the irritable heart, and the heart strain of soldiers, which has been attributed by some observers to the belts, straps and knapsacks; whereas many of these can appear to be due to dissipation and excesses. Most soldiers use coffee and tobacco excessively; many use alcoholics and not a few are licentious and become the subjects of syphilis, any of which factors would readily account for the symptoms which have been attributed to belts, etc. It is now coming to be believed that the so-called functional disorders of the heart, are commonly attended by more or less degeneration of the heart muscle.

If the heart muscle were normal, many of the conditions to which heart strain in soldiers and in laborers is attributed would have no deleterious effect. I do not mean to suggest that some cases are not due to unusual and excessive exertion of some kind, but I believe the majority of such cases result from antecedent causes, such as I have indicated, that weaken the heart muscle.

ETIOLOGY AND PROPHYLAXIS OF INSANITY.

BY FRANK H. JENKS, M. D., ELGIN.

In studying a given case of the more common forms of insanity it is often difficult to assign an efficient cause. The friends usually attribute the trouble to some trivial circumstance of life which cannot be so much as a contributing factor.

For this study I have had prepared a table of all cases admitted to the Illinois Northern Hospital for the Insane from the time the hospital was opened until July 1st, 1900, including 6958 cases. The causes given here have almost invariably been assigned by the family physicians or by the physicians who have acted as foremen of the juries committing the various patients to the hospital.

Statistical table showing the supposed or assumed causes of insanity in 6958 patients (3783 male, 3175 female) admitted to the Illinois Northern Hospital, from April 3rd, 1872 to June 30, 1900.

ASSUMED CAUSES.	Male.	Female.	Totals.
Domestic trouble or loss.....	57 143	200	
Domestic trouble and ill health.....		4	4
Domestic trouble and fright.....	1		1
Business anxiety.....	109	17	126
Religious anxiety.....	83	67	150

Religious anxiety and domestic affliction	1	1	Hereditary transmission and climacteric	3	3
Fright	4	8 12	Hereditary transmission and overwork	9	5 14
Nostalgia	5	6 11	Hereditary transmission and paralytic	7	7
Loss of property	14	4 18	Hereditary transmission and disappointment in love	1	1
Spiritualism	2	5 7	Hereditary transmission and business trouble	1	1 2
Christian Science	2	2	Hereditary transmission and LaGrippe	1	4 5
Disappointed affection	59	45 104	Hereditary transmission and religious excitement	1	1 2
Jealousy	4	8 12	Hereditary transmission and typhoid fever	1	1
Fenian excitement	1	1	Hereditary transmission and apoplexy	1	1
Remorse	3	1 4	Hereditary transmission and fright	1	1
Approach of marriage	1	1	Hereditary transmission and seduction	1	1
Mental overwork	32	13 45	Hereditary transmission and abortion	1	1
Over anxiety	5	5	Ill health and anxiety	16	5 21
Political excitement	2	1 3	Ill health and overstudy	9	3 12
Want of employment	1	1	Ill health and domestic trouble	3	7 10
Bereavement and religious excitement	1	1	Ill health and destitution	2	1 1
Bereavement and loss of property	3	3	Ill health and business trouble	2	2
Bereavement	8	23 31	Ill health and intemperance	3	3
Disappointed in musical aspirations	1	1	Ill health and opium habit	1	1
Political excitement and socialism	1	1	Ill health and worry	9	22 31
Poverty	1	2 3	Ill health and overwork	6	1 7
Imprisonment and anxiety	2	2	Overwork and anxiety	6	2 8
Imprisonment	1	1	Overwork and loss of property	1	1
Sexual perversion	1	1	Overwork and poverty	1	3 4
Grief and anxiety	1	1	Overwork and domestic trouble	1	1
Desertion	1	1	Overwork and worry	12	9 21
Worry	129	127 256	Abusive treatment	4	4
Worry and religious excitement	1	1	Abusive treatment and child birth	2	2
Intemperance	285	24 309	Abusive treatment and neglect	1	1
Intemperance and domestic trouble	1	2 3	Trouble and neglect	2	2
Intemperance and overwork	2	2	Seduction	3	3
Intemperance and onanism	3	3	Seduction and desertion	1	1
Intemperance and business trouble	1	1	Seduction and child bearing	8	8
Intemperance and exposure	1	1	Destitution	3	3
Intemperance and religious excitement	1	1	Marriage	1	1
Intemperance and rheumatism	1	1	Bereavement and child birth	4	4
Intemperance and financial trouble	1	1	Domestic trouble and child birth	1	1
Intemperance and syphilis	2	2	Insolation and overstudy	1	1
Intemperance and bereavement	2	2	Mental overwork and tobacco	1	1
Intemperance and amputation of thigh	1	1	LaGrippe and domestic trouble	1	1
Intemperance and LaGrippe	1	1	LaGrippe and business trouble	1	1
Intemperance and insolation	1	1	Overstudy	5	5 10
Onanism	179	5 184	Worry and overheating	1	2 3
Onanism and overwork	2	2	Study	1	1
Onanism and imprisonment	1	1	Shock	1	1 1
Dissipation	12	3 15	Operation	2	2
Dissipation and overwork	5	5	Recurrent attacks	6	2 8
Dissipation and business trouble	1	1	Injury of head	72	10 82
Hereditary transmission	133	120 253	Injury in infancy	1	1
Hereditary transmission and ill health	17	18 35	Injury of spine	2	2
Hereditary transmission and anxiety	6	1 7	Injury	38	12 50
Hereditary transmission and overstudy	1	1	Organic brain disease	8	14 22
Hereditary transmission onanism	9	9	Concussion of brain	1	1
Hereditary transmission insolation	5	1 6	Apoplexy	5	4 9
Hereditary transmission bereavement	1	4 5	Meningitis	6	2 8
Hereditary transmission domestic trouble	5	5	Cerebro-spinal meningitis	1	1
Hereditary transmission syphilis	2	2	Ill health	68	118 186
Hereditary transmission head injury	3	1 4	Ill health from scrofula	2	2 4
Hereditary transmission intemperance	14	14	Ill health syphilis	6	6
Hereditary transmission and Christian Science	1	1	Ill health malaria	3	1 4
			Ill health from uterine disease	33	33

Ill health from lactation.....	12	12	Infantile disease.....	3	3
Ill health from anaemia.....	1	1	Syphilis.....	29	3
Ill health from overwork.....	3	8	Shock from galvanic battery.....	1	1
Ill health from child birth late in life.....	1	1	Constant use of electricity.....	1	1
Ill health from miscarriage.....	4	4	Nervous shock from injury.....	1	1
Ill health from measles.....	1	2	Asphyxiation from coal gas.....	1	1
Ill health from climateric.....	1	1	Loss of sight.....	1	1
Ill health and rheumatism.....	1	1	Over heating.....	3	2
Ill health from mammary abscess.....	1	1	Firing of artillery.....	1	1
Ill health from carcinoma.....	1	1	Hardships and exposure.....	4	4
Ill health from puberty.....	1	1	Sexual excess.....	5	5
Ill health from parturition and abuse.....	1	1	Idiopathic (?).....	1	1
Overwork.....	63	11	Consanguinity of parents.....	10	19
Overwork and mental derangement.....	4	4	Congenital deficiency.....	125	12
Overwork and exposure to heat.....	1	1	Insolation.....	1708	1384
Overwork and parturition.....	1	1	Unascertained.....	3092	10
Uterine disease.....	42	42	Not insane.....	4	14
Uterine disease from frequent abortions.....	1	1			
Utero-genital disorders.....	9	9			
Emansio-mensium.....	1	1			
Menstrual derangements.....	51	51			
Abortion.....	1	8			
Ovarian tumor.....	1	1			
Pelvic abscess.....	1	1			
Child bearing.....	226	226			
Puerperal fever.....	19	40			
Lactation.....	2	2			
Puberty.....	2	1			
Menopause.....	53	53			
Senility.....	16	16			
Epilepsy.....	109	40			
Chorea.....	1	2			
Hypochondria.....	2	2			
Nervous prostration.....	1	2			
Hysteria.....	6	6			
Nemadism.....	3	3			
General paralysis.....	12	12			
Paralysis.....	3	3			
Acute phrenitis.....	3	3			
Graves disease.....	1	1			
Exhaustion from fever.....	9	3			
Scarlatina.....	3	1			
Malaria.....	1	1			
Intermittent fever.....	1	1			
Typhoid.....	30	20			
Erysipelas of head.....	2	2			
Inflammatory rheumatism.....	2	2			
Metastasis of mumps.....	1	1			
Erysipelas.....	1	1			
LaGrippe.....	25	23			
LaGrippe and parturition.....	1	1			
LaGrippe and menopause.....	1	1			
LaGrippe and worry.....	10	19			
Dyspepsia.....	1	1			
Bright's disease.....	1	1			
Toxic causes.....	9	2			
Opium habit.....	2	4			
Opium and chloral habit.....	1	1			
Opium alcohol and chloral habit.....	1	1			
Morphine habit.....	4	2			
Cocaine habit.....	1	1			
Tobacco habit.....	3	3			
Cigarettes.....	2	2			
Lead poisoning.....	1	1			
Cystitis.....	1	1			
Carcinoma.....	1	1			
Unreduced luxation of shoulder.....	1	1			
Gunshot wound.....	1	1			
Wound.....	1	1			

In these 6,958 cases no cause could be assigned in 3,092 and 14 were not insane, leaving 3,852 cases where an exciting cause was thought to have been found. Remove from these 3,852 cases those influenced by "dissipation," "intemperance" and "heredity" (705) and we have left 3,147 cases which seem to have resulted from comparatively unimportant occurrences. One is forced to the conclusion that the cases have been studied superficially because in so many instances the cause given appears inadequate in itself to produce anything. No one driven insane by "domestic trouble" and "loss" had more "domestic trouble" and "losses" than thousands who were not made insane by them. No one driven insane by "business anxiety" had more "business anxiety" than thousands who were not made insane by it. No one driven insane by "fright" has been more frightened than thousands who were not frightened into insanity. If childbirth is an efficient cause of insanity why is not every mother insane?

Of these 6,958 patients there seems to have been 3,147 cases without an efficient cause and 3,092 without any, making in all 6,239 cases where no efficient cause has been discovered. It cannot be said that these seemingly trivial affairs of life have not contributed toward the mental affections but they cannot be efficient as causes unless there has been some predisposition either inherited or acquired.

Dissipation and intemperance appear in the table as a factor 367 times (5.2%). It is doubtful if this represents the number

accurately. Personal defective habits are too often covered up by friends of patients.

Alcohol is also a predisposing factor more often than we know. However bad may be the effect of alcohol on the habitual user it is infinitely worse on his offspring. No reliable statistics can be furnished for the proof of this statement from the fact that the user of alcohol will rarely admit its excessive use therefore, alcohol as a hereditary factor is lost from view in making up these histories.

Syphilis appears in the table 36 times. This of course, does not represent the proportion of syphilitic cases for obvious reasons.

Here should be mentioned a class which I believe receive too little attention, i. e. the "grown-up" spoiled child. While none of these appear in our table they are there. Every hospital for the insane have numbers of cases which have developed from lack of parental control in childhood. The pampered coddled child who is gratified in all his whims is often the one who loses self-control in manhood when it is too late to supply the training he should have had in childhood.

Auto-intoxication or the oxidation of the waste products of the body is no doubt an efficient exciting cause which is often not recognized and does not appear in the table. To speculate along this line we may some day discover that acute manias and melancholias are a result of the toxin of some special micro-organism or to the micro-organism itself.

The one great predisposing cause of insanity is vicious heredity. By heredity I mean the transmission from parent to offspring of characteristics of mind and body which will allow the development of insanity without gross lesions of the brain. No one was ever born mad. Heredity was recognized in the table as a factor 381 times. Were it possible to obtain complete family histories of our 6,239 cases no doubt the neurotic taint could be discovered in all but a small per cent. These histories are in many cases incomplete from the notorious fact that by many insanity

is considered a disgrace which should be concealed.

It is conceivable that hereditary influences may be responsible although no neurotic taint be present on the side of either parent. The union of certain qualities of protoplasm while from individuals of healthy stock may be productive of variously defective offspring. Maudsley says,* "As germ-plasms are 'constitutionally well or ill-suited to combine, some uniting well to produce good compounds while others are so ill-sorted that they combine only to generate weak and unstable products, so they are sometimes incapable of combining organically to propagate at all. Those of different species do not combine; for some unknown reason the germs from two individuals of the same species who are both in good health of body and mind are sometimes infertile; those of the most widely separate varieties of the human kind are either incompatible or only combine to produce hybrids which for the most part unite in themselves the vices and lack the virtues of either stock.'"

Why this is so cannot be shown until we know more about the protoplasm cell than we now do; not until we know in what the life of the cell consists.

Environment is another predisposing influence which should be considered although it is difficult to separate it from heredity. Bad environment without vicious heredity will not cause insanity. Classed under this head should be placed a large proportion of our foreign born insane. What can be done to lessen these troubles which are apparently on the increase?

1. What can society do?
2. What can we do as individuals?

1. Society can do practically nothing to prevent the so-called exciting causes which appear in the table and perhaps can do but very little to lessen the predisposing causes, heredity and environment. We can make laws regulating marriage, but no law can be enforced until society sees the need of it, furthermore, man's passions

*Pathology of the mind.

cannot be controlled by statutes. Some states have laws preventing the marriage of relatives and defectives but it is not far to the next state where the marriage of such is legal. However, the time will come when society will recognize the importance of regulating the marriage relation and when society is taught the evils arising from the union of defectives, when the marriage of cousins appears to mankind in the same light as marriage of brother and sister, then we may have some effective legislation looking toward the removal of the great predisposing cause of insanity, vicious heredity.

2. What can we do as individuals to lessen insanity? Often the physician is consulted regarding the marriage of the son or daughter and he should be emphatic in his denunciation of the marriage of the epileptic or sufferer from any of the great neuroses. He should be equally emphatic in his denunciation of the marriage of cousins. Family defects are more often intensified in the offspring of such unions than are the good qualities. The physician should study well and long before advising the children of the defect to marry. To be sure your good advice will often be unheeded, but if you can teach your people to think of these things you are helping to get society into a state of mind where it will demand and so far as possible enforce legislation controlling marriage.

At the beginning of the development of a case of melancholia or mania there is a feeling that something is wrong. You will hear patients often attempt to describe it. The more intelligent often feel that he is becoming deranged or will become so and call it premonition or what you may; when discovered in your patient do not pass it over lightly. To say the least, that patient knows there is something wrong. He can feel what you cannot see. This is the time to begin treatment and to begin right remove his premonition. If you can discover an exciting cause endeavor to make it inoperative. If you can discover a physical ailment by all means cure it, but do not imagine that your patient

has regained his mental equilibrium by being relieved of a bronchitis or a tumor. Study intelligently his environment and change it if nothing more is done than to change his occupation. If he has no occupation see that he has one. If your patient has passed the prodromal state be frank with him and tell him so. If the case is acute and is one of simple mania or melancholia and has not progressed too far the announcement of the fact by the physician, or friends, or both, may cause the patient to begin to study himself in such a manner as to do good. Harm is often done by allowing a patient's delusions to pass by uncontradicted although nothing can be gained by trying to reason him out of them, if the delusions have become systematized.

To conclude; Vicious heredity is the foundation of nearly all melancholias and manias; perhaps all except in the few instances where there is some gross lesions of the brain. Those whose business it is to interview relatives of insane patients in our institutions will bear me out in the statement that three-fourths of such visitors show signs of mental defects themselves, corroborating the inference that in our 6,239 cases where no efficient cause was discovered heredity plays an important part.

I wish here to appeal to the medical profession to exercise greater care in writing the histories of patients who are committed to the State institutions.

Many histories accompanying patients when admitted are exceedingly meagre both as to family and personal particulars. When possible the family history should be complete and the greatest aid for the immediate psychological treatment at the hospital is to know what the patient says and does. It is sometimes difficult to worm out of patients an expression of their delusions and especially is this true if the patient is timid and secretive.

I wish to express my thanks to my colleague E. A. Foley who has prepared the table furnishing the theme of this paper.

*ASTHMA OF NASAL ORIGIN, ITS RADICAL CURE.

BY P. J. H. FARRELL, M. D., CHICAGO.

From a clinical standpoint, we have in the paroxysm of asthma the picture of either a vaso-motor paresis or bronchial spasm. Accepting this as the general condition one finds during the paroxysm, I wish to point out the result of the nasal irritation. Most of my cases have consulted me for the asthma, and not for any nasal condition, so that I have seen the usual run of asthmatics, and not simply those who have consulted me as a rhinologist. It is hard to say what is a typically healthy nose, and this is particularly true of this class of cases. We are accepting that there is a general nervous predisposition to the disease, and that the paroxysm is brought about by irritation in the upper air passages. In more than one instance I have seen cases while suffering from a paroxysm and on examination the nasal cavities would disclose nothing abnormal. By applying a solution of cocaine on a small pledget of cotton to a suspicious point within the nasal cavity, such as a turbinate resting against the septum, or a circumscribed edematous patch, the spasm would relax almost at once, and in a few minutes the attack would pass off. By following such cases and removing the localized point with either snare or saw, the majority of cases are completely cured. The point I wish to make in this connection is this: Whatever may be the pathology of asthma, the exciting cause is frequently found in the nasal chambers. The most permanent and greatest number of complete cures have resulted from the removal of such causes when found. Unless the diseased nasal condition is quite apparent, we find it in a relatively normal condition so that it has been too frequently the practice to exclude the nasal chambers as taking any part in the cause. It also is too frequently the practice, when the conditions already spoken of have been removed, and a cure does not follow, the conclusion is immedi-

ately jumped at that they have not been the cause of the malady. I have had more than one case where removal of every polypus that could be found, with immense benefit to the patient, a closer and more thorough examination would disclose others, sometimes inaccessible to removal, and not infrequently after they had passed from the hands of other rhinologists. I have seen numerous cases in point. The following will serve to illustrate.

A young man, 22 years of age, who had suffered from asthma from infancy, consulted me and I removed several small polypi with great improvement, but there was a relapse, and several slight relapses occurred within the following six months.

Repeated examinations failed to reveal any cause for the asthma, but a two per cent. solution of cocaine applied upon a pledget of cotton to the nasal chambers immediately cut short an impending attack.

Another case was that of a lad, 14 years of age, who had suffered from asthma eight years. Examination revealed several polypi, and profuse adenoids. Removal of these growths gave absolute relief for several months, when I was called to the child's home, and he was suffering from a slight attack. A two per cent. solution of cocaine within the nasal chamber immediately cut short the attack, but examination did not reveal anything abnormal. For several years this lad was under my close observation, and once or twice a year would be threatened with an attack, which was immediately relieved by a two per cent. cocaine solution.

The above cases are sufficient to illustrate the reason why we at times fail to cure cases of asthma that are undoubtedly of nasal origin. In my practice eighty per cent. of my cases have been entirely cured, ten per cent. greatly relieved, and ten per cent. I have failed to give more than slight relief. But in no individual case have I failed to give some relief to the patient. The operation depends entirely upon the condition existing. I seldom use anything but the saw or knife within the nasal chamber. I find better results than with

*Read by title at Peoria Meeting.

cautery. I have found it possible since the introduction of suprarenal capsule extract, which makes the field of operation almost bloodless, to confine my nasal surgery to the knife and saw. The troublesome ulcer that results from the use of the cautery is avoided. Recovery is much more rapid, and the patient saved a great amount of subsequent pain and inconvenience. I most certainly believe that as our technique is improved, both in exploring these cavities for pathological conditions sufficient to produce a nasal reflex, we will have a greater number of absolute cures of asthma to record.

My success in the treatment of asthma has given me greater satisfaction than any work that I have done in the profession. When you are able to permanently cure such a distressing disease as asthma, you feel that you have accomplished more than a fair amount of good in your field of labor; to know that you have relieved a sufferer from that distressing and awful condition that we see when the patient is gasping for breath and almost hoping that death will relieve him of his suffering. We feel that we have been of use to our fellow men and this is the pleasing reward.

THE CONDITION OF THE KIDNEYS WITH REGARD TO THE EM- PLOYMENT OF DIURETICS.*

BY ARTHUR R. ELLIOTT, M. D., CHICAGO.

Huchard has grouped from various sources the following indications for the employment of diuretics:

1. To maintain the action of the kidneys.
2. To evacuate fluid effusions.
3. To soothe and diminish irritation of the genito-urinary organs.
4. To modify the urine and prevent formation of calculus.
5. To exert a derivative effect through the renal passage.

6. To hasten elimination of toxine substances from the organism.

It may be said that diuretics are of little if any avail in removing inflammatory effusions or procuring absorption of chronic effusions such as ascites and hydro-thorax. Hence the main objects to be obtained through their action are the maintenance of renal function, dilution of the urine and removal of oedema. Diuretics exert their physiologic effect upon the kidneys in several ways. Brunton's simple classification divides them according to their mode of action into diuretics which act upon the blood, those which act upon the circulation and those which act upon the tubules of the kidney. The first of these classes, those which act upon the blood, include the saline or refrigerant diuretics, chief among which are the vegetable salts of potassium and the salts of lithium, sodium, and strontium. Since the main office of the kidneys is to depurate the blood by freeing it from impurities, we would naturally expect them to be influenced in their function by slight changes in the composition of the blood and such we find to be the case. This fact explains the diuretic action of water and of the class of saline diuretics. It has been shown that the power of these latter bodies to induce urinary secretion is directly proportional to their power of attracting water and that the result of their presence in the blood is to cause an active flow of water from the tissues into the blood which in this way becomes diluted to an extent varying with the osmotic pressure of the substance introduced. In other words, hydraemic plethora is induced with dilatation of the visceral blood-vessels and general rise of blood pressure with increased rapidity of flow. The diuresis resulting from these substances lasts no longer than the hydraemic condition and increased blood pressure, and ceases when only a small amount of the drug is removed. The fact that the increased urinary flow does not persist until entire excretion of the body is accomplished shows that these substances are not specific stimulants of

*Read at the Fifty-first Annual Meeting of the Illinois State Medical Society, Peoria, May 21, 1901.

the renal function, but act indirectly through increasing the volume of the blood and raising vascular tension.

The effect of the second-class of diuretics, those which act upon the circulation, is rather more complex, but in the end is much the same as the preceeding class. They may be designated the cardio-vascular diuretics and include digitalis, strophanthus, theobromin, convallaria, adonis vernalis, spartein, caffein and the cardiac stimulants generally. Their diuretic action is accomplished through their influence in producing increased pressure in and flow through the glomerular capillaries. The action of digitalis may be taken as typical of this class. Digitalis slows and strengthens the cardiac systole and at the same time constricts the arterioles so that blood pressure is raised thereby relieving venous stasis and bringing about improved circulation through the kidneys. It is perhaps the most generally useful diuretic, being especially valuable in dropsy associated with cardio-asystolic conditions. With a normal heart its action upon the kidneys is extremely doubtful. Its effect upon the urinary secretion in health has been carefully studied by numerous observers but with such diverse results as to render it probable that its diuretic action is in great measure indirect rather than direct. In connection with the circulatory diuretics may be mentioned the action of the vaso-dilators. These drugs, principally nitrites and iodides, act by dilating the renal capillaries and so moving more blood into the kidneys. At the same time general blood pressure is lowered. In this manner diuresis is effected by substituting vaso-dilation for vaso-constriction, which is the dominating factor of diuretic medication.

The third class of diuretics act upon the secreting structure of the kidney so as to increase its function. They are mainly renal irritants their action upon the kidneys being compared by Brunton to the action of drastic cathartics upon the intestine. In small doses they produce diuresis by stimulation of function while

in large doses they give rise to severe irritation and even inflammation of the kidneys. The most important members of this group are, turpentine, juniper, squills, copaiba, cubebs, cantharides. Calomel and blue mass may be mentioned as diuretics which do not belong to any one of the foregoing classes. They are indirectly diuretic, probably through their influence upon the liver resulting in the formation of substances which are diuretic in action. Some of the diuretics produce their effect upon the kidneys by acting simultaneously in more than one way. Thus caffein theobromin and squills are at once cardio-vascular diuretics and stimulants of the renal epithelium. The facts passed thus lightly in review regarding the action of these drugs, develops the interesting conclusion that only a comparatively few of them are true renal diuretics. It is only in the case of the third class of irritant-epithelial diuretics, that the renal function is increased by direct action of the medicament upon the kidneys. All other diuretics exert their effect upon the urine, indirectly through the circulation, either by raising blood pressure through improved cardiac action, or by inducing a watery condition of the blood with coincident heightening of vascular tension.

In acute irritative and inflammatory conditions of the kidneys, a state of physiologic rest is indicated and for this reason drugs directed toward increasing the urinary flow should not act directly upon the kidneys, but indirectly, by stimulating cardiac action, raising blood pressure or, producing vaso-dilation. For this reason the irritant epithelial diuretics should never be employed in inflammatory diseases of the kidneys. It is well-known that diuretics often fail of action when their effects are most needed. This is not because they are inconstant in their action, but because of unsurmountable obstacles which frequently are opposed to their action and as well because they are often administered without a proper appreciation of the indications of the particular case. Thus in cardiac disease, the kidneys

may be so engorged as to render secretion impossible and in advanced Bright's disease diuretics may be powerless because of extensive destruction of secreting cells. It is well to bear in mind that when the function of the kidneys is impaired, it is prudent to use medicines having toxic properties with extreme caution. This applies to many of the diuretics, especially the cardio-vascular diuretics and calomel. When the impermeability of the organs has advanced to the point where systemic waste and toxins are retained; medicinal substances may also fail of excretion and drug intoxication may be added to uraemic poisoning. It should also be remembered that there is a marked antagonism between the function of the bowels, skin and kidneys, so that great activity of one of these emunctories lessens secretion by the others. For this reason, when diuresis is desired, sweating and purging should be avoided. After a diuretic is administered, the patient, as a rule, should be kept cool. A drug administered for diuretic purposes may, if given hot and the patient kept warm, act as a diaphoretic.

Diuretics are employed in functional and organic derangements of the kidneys. In functional urinary disorders they are mainly used to dilute the urine and correct undue acidity and thus soothe and diminish irritation of the urinary passages. To accomplish these results nothing is so well adapted as simple diluents or the class of saline diuretics. There is no doubt that, as a class, Americans do not drink enough water and consequently are liable to concentration and undue acidity of the urine, with irritation of the urinary organs and disposition to the formation of crystalline concretions. We know that organic disease is frequently the result of prolonged functional irritation of an organ. I have felt satisfied in a number of my cases of chronic interstitial nephritis in middle-aged subjects that the underlying cause has been prolonged irritation of the kidneys from an over-acid concentrated urine, the result of insufficient water drinking. Herein is one reason for

the popularity of the so-called "lithia waters" and although one may feel some skepticism regarding the efficacy of the lithia they contain, they serve a good purpose by inducing consumption of a water with supposed medicinal properties in cases where plain unsophisticated water would fail to enlist the patient's interest. At this point, a word might properly be spoken in warning of the evils of over-consumption of water in organic kidney disease. It is customary to direct patients with chronic kidney disease to partake freely of water. Unless some limit be placed upon this unquestionably good hygienic measure, the patient may apply himself too freely to the practice, and as a result pass habitually from eighty to one hundred and twenty ounces of urine. The congestion induced in the glomerular circulation by this state of affairs may cause decided harm to the organs. In a number of my cases increase of albuminuria and blood in the urine have resulted.

The saline diuretics, especially the vegetable salts of potassium, lithium in its various forms, and the salts of strontium are all harmless and agreeable diuretics to overcome urinary concentration and allay irritation of the kidneys and bladder. Many diseases lead to diminution in the quantity of urine. This is particularly true of fevers and diarrhoea. Plenty of pure water, or some agreeable saline beverage, such as "Imperial drink" is therefore indicated. Whether any of the medicinal diuretics possesses the power of dissolving urinary concretions is doubtful, but there can be no question of the efficacy of freely diluting the urine by means of diluents and diuretics, in preventing their growth and formation and in relieving the irritation they produce.

In the various forms of nephritis, diuretics are much employed. Before considering their value in this disease, a word might aptly be said in deprecation of the tendency to give diuretics without due reference to the indications of the particular case. Many physicians apparently regard the presence of organic kidney disease as

sufficient reason for diuretic medication and potassium, strontium, digitalis or even the irritant diuretics are administered often to the distinct detriment of the patient. It is about as reasonable to give diuretics in this indiscriminate manner as it would be to administer cardiac stimulants to all cases of organic heart disease, without reference to the state of the cardiac muscle. Diuretics should only be given in Bright's disease in response to definite indication.

In acute nephritis, we have a much more promising field for the employment of these agents than in chronic nephritis. In cases of acute nephritis attended with oliguria and dropsy our endeavor must be to as far as possible relieve all strain upon the engorged capillary system of the glomeruli, so that the organs may resume their normal function. Any attempt to stimulate renal action and to reduce dropsy during the acute inflammatory stage is apt to meet with disastrous consequences by throwing work on organs incapable of bearing the strain. It is important, however, to maintain the function of the kidneys. Indeed it becomes a condition of life that quantity of urine shall make up for quality. This must be accomplished without imposing any strain upon the diseased organs. During the stage of acute inflammatory engorgement a free urinary flow is best favored by the liberal use of water, either plain or with one of the vegetable salts of potassium added in sufficient amount to render the urine alkaline. Certain authorities (Ewald, Cantani, Labadie, Lagrave) reject the administration of all diuretics at the commencement of nephritis, but Furbinger, Leyden, Gairdner and others contend that saline diuretics are absolutely harmless even when nephritis is in full swing. I am sure that general experience is in conformity with this latter view. It has been affirmed that the salts of potassium increase uraemia but confirmation from practical experience is lacking on this point. Unfortunately these drugs may prove very distasteful to the patient and give rise to nausea and

vomiting. They should be withheld at the earliest sign of digestive disturbance. Gerhardt, Coignard and Purdy contend that alkaline urine dissolves the fibrous exudations which plug the tubules, a contention which has been verified by Cantani. This action is one of the most valuable attributes of the saline diuretics and serves to greatly facilitate the function of the embarrassed kidneys by clearing the tubules of inflammatory products. Sir William Roberts states that in no instance where the urine had been rendered alkaline during the first week of the complaint had he observed the more severe uraemic symptoms and secondary inflammations. When the oliguria is great and uraemia threatening, resort should unhesitatingly be had to the subcutaneous injection of normal saline solution. The solution should be freshly made and freshly sterilized and should be slowly injected at a temperature of 100 degrees Fah. into the buttock or cellular tissue of the breast. One quart every six to eight hours should be given until the kidneys respond, or instead a pint may be injected every three hours. The immediate effect of the introduction of these large quantities of saline fluid is to relieve vaso-motor constriction probably by diluting the toxins in the blood and to stimulate the heart's action thereby raising general blood pressure and favoring elimination by the natural channel. I know of no measure so effective in bringing about copious diuresis. The effect upon the kidneys is frequently most remarkable. It may require several infusions to produce any important effect but when diuresis begins it is often extremely free and lasting. High enemata of hot normal salt solution may be used instead of the subcutaneous injections but they are not nearly so effective. When the disease has passed into the subacute stage with abated fever and subsidence of the interstitial and parenchymatous inflammation in the kidneys, theobromin may be administered if a diuretic seems indicated and the salines prove ineffectual, or if persistence of

oedema suggests its dependence upon atony of the cardiac muscle, digitalis may be restored to. In chronic renal diseases, the indications for the employment of diuretics are to maintain the urine and so assist the elimination of urinary and other toxic bodies and to remove oedema. In chronic interstitial nephritis polyuria and not oliguria prevails and consequently no service can be expected from diuretics nor is their use at all necessary until the stage of cardiac failure is reached. With dilatation of the heart and lowering of systemic blood pressure, diminution of urine supervenes and dropsy develops. Appreciation of the fact that dropsy and oliguria are due to the circulatory failure indicates the futility of giving diluent and saline diuretics, or expecting results from any measure not directed toward restoring cardiac action and raising the general blood pressure. Digitalis is the drug indicated and favorable results upon the urine may be expected from its employment, especially if vasodilators be simultaneously administered to unlock the arterioles and thus neutralize the constricting action of the digitalis. Strophanthus, caffein, spartein, convallaria and theobromin may be employed in place of digitalis, but they are much less reliable. When the renal impermeability is advanced, the influence of digitalis and other diuretics is doubtful and we should proceed in their administration with the utmost caution.

In chronic diffuse nephritis, the quantity of urine varies inversely as the amount of dropsy. Diminution is the rule, although a considerable temporary rise may be seen during the period of subsidence of the dropsy. Saline diuretics and diluents will consequently serve a useful purpose by increasing the urine and flushing the renal tubules. The usefulness of digitalis and the cardio-vascular diuretics will depend upon the condition of the heart and systemic blood pressure. In the engorged or cyanotic kidney subsequent to serious circulatory derangement, the cardio-vascular diuretics and especially digi-

talis are the only ones to be considered. It is in these cases that calomel exerts most strikingly its diuretic effects. Digitalis may be given alone, or in combination with squills and blue mass, if the kidneys are free from organic disease. A valuable combination is digitalis and bitartrate of potassium, as is also digitalis, strophanthus and acetate of potassium.

Finally, regarding the usefulness of diuretics in renal dropsy. The factors entering into the production of renal dropsy are both circulatory and haematic. The circulatory condition probably consists in undue permeability of the capillary wall, allowing the outpouring of large quantities of fluid into the lymph spaces. The capillaries, although not muscular, have been shown to be contractile and it may be presumed that they offer increased resistance to blood, abnormal in character from the presence of toxins which the diseased kidneys fail to excrete. This involves increased intracapillary pressure and with it must be associated some change in the capillary walls which renders them unnaturally permeable. With these changes in the vessel walls is associated a true hydraemic plethora of the blood. Not only is the blood poor in solids, but the volume of the fluid is increased. These factors operating together cause the dropsy of acute renal disease. Their primary cause is undoubtedly the toxæmia due to the kidney lesion. Notwithstanding the fact that the flow of urine varies inversely with the amount of dropsy, the oliguria is probably a result rather than a cause of the dropsy. This view of the production of dropsy does not hold forth a very hopeful prospect to the administration of diuretics. In fact, the action of these agents in renal dropsy is very uncertain, owing no doubt, to the different conditions accompanying acute and chronic renal disease. Dropsy in acute nephritis, is usually of purely renal origin and consequently is very little amenable to favorable influence by diuretics.

In chronic nephritis the problem is essentially different. The increased capil-

lary resistance just referred to, which is produced by the presence of toxins in the blood, involves increase of arterial tension and of cardiac effort to overcome peripheral obstruction. When renal disease is of very gradual development, as in many cases of chronic interstitial nephritis, and the heart has been allowed time to hypertrophy gradually with the rise of tension, dropsy is postponed or may be altogether absent. If the patient survives until the last stages of the disease, the cardiac compensation gives way and dilatation with mitral insufficiency supervenes. Under such circumstances dropsy develops and may be regarded as more cardiac than renal. As dropsy of cardiac origin is much more easily influenced than that due to purely renal causes, a better field exists for the employment of diuretics, especially the cardio-vascular diuretics in the dropsy of chronic nephritis than in the acute disease. The latter form of dropsy must be combated by measures directed toward the promotion of excretion by other channels, especially the skin and bowels.

DISCUSSION.

Frank Billings, of Chicago: Mr. President: This paper should not be permitted to go by without congratulating the author on its excellence. As usual, Dr. Elliott has left nothing for us to discuss. He has so completely covered the ground and has done it so rationally, that there is really nothing to say. I wish to express my gratification at having heard such a paper.

A Member: I desire to mention the effect of another cardiac tonic in cases of renal disease mentioned by the author, and more especially in those cases with cardiac disease, and that is the hypodermic use or by the stomach of a saturated solution of suprarenal glands. I believe that in the suprarenal gland we have a very fine tonic. It will promote freer secretion of urine through the diseased kidney than almost any other agent, and I believe the patient can be strengthened by the use of red bone marrow. I have seen a number of cases in which I have reduced the dropsical accumulation. I have seen it disappear, and the patient remain apparently well for months, but as for years I cannot say.

Dr. Simpson: I believe the essayist referred to the fact that diuretics were often nauseating. I wish to ask for information. I have been using full doses of diuretin in one case, but the patient could not retain it. I would inquire of those who have had more experience than I have if diuretin is, as a rule, nauseating.

Dr. Elliott (closing the discussion): With reference to the nauseating effects of diuretin, it no doubt disagrees with the stomachs of many patients. With the idea of obviating the nauseating effect of diuretin, the suggestion has been made that in the place of double salicylate or theobromine, double salicylate of lithium and theobromine should be employed. This can be given in smaller and still effectual doses, and is much less irritating to the stomach. We have to investigate the condition of the heart and the circulatory organs for the true indications to guide us in the choice of diuretics. Inasmuch as diuretics are mainly circulatory in their action, we must be guided in our use of them by the patient's circulatory apparatus.

LACERATION OF THE PERINEUM, AND REPAIR OF THE PARTS.*

BY A. C. RAGSDALE, M. D., METROPOLIS.

Mr. President, and Gentlemen of the Illinois State Medical Society.

This case is one that is comparatively infrequent. There are only a few practitioners that have a record of more than two or three cases. It is a very interesting case, because of its rarity and the distress it causes the patient. It is curable, and should receive immediate attention.

This case was briefly written up, by my partner, Dr. C. E. Trovillion, and was published in "The Southern Illinois Journal of Medicine and Surgery" in October, 1900.

The patient was Mrs. R., age 21. Primipara; family history good.

On September 4th, she began to feel labor pains and sent for a physician, who, upon his arrival, made the usual examination and decided that, owing to the narrowness of the pelvis she would have a tedious labor. Some hours passed and another physician was called in consultation; then another, and another until four were in attendance, I being the last one called. At the request of the physicians in attendance, I made a digital examination and found the following conditions present:

When my finger entered the vagina, it came in contact with a so-called tumor,

*Read at the Fifty-first Annual Meeting of the Illinois State Medical Society, Peoria, May 21, 1901.

the physicians who had been previously called, had not had the opportunity of making a diagnosis, previously to being called to attend her in this confinement. This tumor-like body was about two-thirds the size of the average, normal, foetal head, and was located just inside, and in the posterior part of the vagina, in front of the descending foetal head. During the uterine contractions, the so-called tumor would protrude from the pressure of the head behind it. The head being engaged and above the average size, it prevented the return flow of blood in the veins, and caused the prolapsed posterior vaginal wall, to become distended with blood until it was almost as large as the child's head.

We tried to reduce it by pushing it backward and upward beyond the head, but it was impossible, owing to the narrowness of the pelvis, and the large size of the head. So our only recourse was, to resort to the use of forceps, and let the prolapse take care of itself.

I applied a pair of Scroggs' forceps and with the assistance of the other physicians, succeeded in bringing the head down to the perineum, and in accomplishing this the prolapse was everted, turned entirely out of the vagina, in advance of the head. We then waited to see if the uterine contractions were sufficient to expel the head, but after waiting some little time, and there being no advancement, we applied an Elliott forceps and completed the delivery. When the head passed over the perineum, with the distended prolapse between, there was a laceration of the perineum, of the second degree and a complete tearing open of the tumor-like, engorged prolapse. After the delivery was complete the patient was taken charge of, by the late Dr. J. E. Gowan, (he being the first called) who proceeded to repair the laceration, but from some cause he failed to get union, and I lost sight of the case, until in May, 1899, when she consulted Dr. Trovillion, and me about her condition.

At this time we were enabled to make a thorough examination, and to determine

the exact condition. We found an old laceration of the second degree, and a large prolapse of the posterior vaginal wall and rectum. "Rectocele, or recto-vaginal hernia" which was about as large as an orange, and would become much larger and protrude, when the patient would cough, or stand on her feet. The condition was simply an elongation, as it were, of the posterior vaginal wall, and the anterior rectal wall, and owing to the lack of support from the lacerated perineum it protruded, constituting a round tumor-like body.

There was no uterine prolapse, or other complication.

At this time she would not submit to an operation, but she called again in January, and we found her condition about the same as before, except the prolapse was gradually enlarging and involving more of the vaginal wall. Being again advised to submit to an operation, she consented, and on the 22d of January, 1900, the first operation was performed. The technique of which was about as follows: Chloroform was administered, the external genitals were shaved and scrubbed, and all the parts made aseptic. Then an incision was made, crescent shaped, through the vaginal wall, from above downward, about four inches in length, along the right side of the prolapse, one likewise, was made along the left side, bringing the points of the incisions together, above and below. The space between the incisions was widest in the center, that being about two inches. That portion of the vaginal wall lying between the incisions was now carefully dissected away, down to the rectal wall, the wound thoroughly cleansed and the edges brought together with fine silk sutures, beginning at the upper angle and stitching downward; about twenty-five stitches being required to bring the parts into perfect apposition.

The parts were now cleansed and dried, thoroughly covered with vitogen, over which was laid iodoform gauze and cotton and a T bandage applied, the vagina was packed with gauze and cotton, which held

the posterior wall back in its normal position.

On the second day after the operation, the dressings were removed, the parts cleansed as before, dressed with vitogen, gauze and cotton. This dressing was now repeated daily until the wound healed, which it did without the formation of any pus and the sutures were removed on the fifth day. During this time she was kept in bed and on a low diet. On the fifth day of February she was discharged from the sanitarium and went home, the operation being a complete success.

On the fifteenth day of February, she returned to the sanitarium and we performed a perineorrhaphy; she was prepared for this operation, as before, was given chloroform, the parts shaved and scrubbed. The edges of the old laceration were denuded a little beyond the extent of the old laceration, the parts were brought together with fine silk sutures and placed in perfect apposition; lastly we placed two deep sutures through the body of the perineum and tied them externally.

The parts were then irrigated with hot carbolized water, dried and dressed with vitogen, iodoform gauze and cotton, and over this a T bandage was placed and the patient put to bed. The dressings were removed on the second day, the parts dried and dressed as before. Removed the sutures on the sixth day, got union by "first intention," dismissed the patient and she returned home on the second day of March, just two weeks from the day of operation.

A very interesting feature of this case, is the fact that the patient was pregnant, (about two months,) when the first operation was performed. Had we known it, we would probably have hesitated about doing the operation, but we were not aware of the fact and are now glad of it.

Operations on the vagina and perineum, during pregnancy, are not attended by danger as a rule, and should be performed when necessary for the patients health and comfort, but I would not operate if the

condition was bearable until after confinement.

From this time on till the date of her confinement, there is nothing of interest to relate, except to say that she enjoyed the best of health, was able to do her house work and take all the necessary exercise, without the slightest inconvenience. During this period I felt considerable apprehension for the future welfare of that disabled perineum. I felt that our work would have to be done over again, after her second delivery and was quite anxious to see the case through.

On the 24th day of August, 1900, I was hurriedly called to the bed-side of this patient and found her in labor. On examination I found the perineum in a normal condition and well relaxed. The head was engaged, there was a slight bagging down of the posterior vaginal wall, but no protrusion to speak of. On account of the narrow pelvis the labor was slow and fearing that a tedious labor, might again cause an engorgement and a condition similar to her first confinement, I decided that an instrumental delivery would be the best procedure, so I called Dr. C. E. Trovillion, to assist me in delivering her. I applied the same Scrogg's forceps, because of the narrowness of the blades, and Dr. Trovillion placed his hand against the posterior wall of the vagina and pushed it backward and upward, while I brought the head down. As the head descended he brought his hand down to the perineum and protected it and the vaginal wall while the head passed over them. The child was delivered in good condition, likewise the mother, without any laceration and the perineum is in as good as before her first confinement. This operation would be called an elytrorrhaphy, (narrowing of the caliber of the vagina) and I think it is the best form of procedure for the relief of this condition, when complicated with laceration of the perineum, at our command.

Members should not forget the annual meeting at Quincy May 19 to 22. Urge your colleagues to accompany you.

The Illinois Medical Journal.

The Official Organ of the State Medical Society.

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The Society does not assume responsibility for any statements or opinions published in the JOURNAL.

The JOURNAL is published monthly. The subscription price is \$3.00 per annum in advance. The JOURNAL is furnished free to the members of the Society.

Entered at the postoffice in Springfield as second class matter.

MAY 1902.

MEETING NOTES.

The Committee on Arrangements have sent out a stirring address urging all practitioners of medicine in Illinois to attend the annual session at Quincy, May 19 to 22 inclusive. As will be seen in the column of correspondence the committee are willing to guarantee that all who come will be well cared for. As usual a special rate will be given by all railways and steamboat lines on the certificate plan. Obtain a certificate from the local ticket agent at the starting point, on reaching

Quincy turn it over promptly to the secretary. The program which will be found on pages 601 to 613 promises to be unusually interesting and instructive. The addresses before the Sections will be given by men of national prominence. It is expected that after the papers of the third section are read the Society will be divided into two sections, medical and surgical. The book program containing full details will be issued by Secretary Weis in a few days. Members have been secured to lead the discussions, but this is not intended to prohibit

further discussion by any member in good standing. On the contrary the meeting in two sections will facilitate this most valuable part of the exercises. All members who can possibly arrange to attend the preliminary meeting on Monday the 19th should arrange to do so. For the past two years these meetings have been so fruitful for good that they have marked an epoch in the history of the Society.

THE LOCATION OF THE ANNUAL SESSION OF 1903.

Without wishing in any way to disparage the claims of any other city for the next meeting, we feel it incumbent upon us to urge the wisdom of selecting Chicago. The last time the State Society met there was in 1893, the year of the World's Fair. The wisdom of selecting the metropolis for a meeting place that year when the attractions of the World's Fair were so great has always been a matter of doubt in our mind. Owing to this or some other reason the Society has shunned the city ever since, and we believe has been the loser by it. More than one-third of the practitioners in the State are collected in and about Chicago, and only ten per cent of this number are interested in the State Society. We hope the various elements of the profession in that city will see fit to extend an invitation to the Society at Quincy and that so much enthusiasm will be aroused among the 1,300 local Society members for the 53rd annual meeting that a record breaking session will result.

NEW SOCIETIES.

It is becoming more and more apparent that before many months the county in Illinois without a medical organization will be the exception not the rule. In all truthfulness we can say that the establishment of this Journal was the direct force which began this remarkable movement.

The first issue of the Journal was published July 1, 1899. In the next ten months six new societies were formed. During the second year ten new societies were organized, and during this the third year it appears that not less than twenty county organizations will be effected. President McAnally and Chairman Hall will receive that measure of praise which is justly their due for this excellent showing. They have been tireless in their efforts to bring the members of the profession to a realization of their duty. Several other influences should be here recognized as being of great influence in this great revival, first among these must be counted the good influence of the American Medical Association and its excellent Journal. The Association is certainly making rapid advancement and the Journal of the Association is the largest and best in the world. The recognition given to State Societies by the new constitution is proving to be a great stimulus in Illinois at least.

The second influence to our mind is the presence in every county of young liberal-minded graduates who are injecting some measure of modern business methods into medical practice. These men have a library which they keep up to date, an attractive office which is not a loafing place for town gossips, instruments and operating tables equal to those in the larger cities. Such men are almost invariably hungry for the fellowship found in the local, state and national organizations. One such man in every county can bring about a revolution of the old order of things. In some few counties a few funerals would seem to be necessary before organizations can be effected, but we are hopeful that even in these the ancient combatants may become reconciled. The outlook for the future is everywhere most encouraging.

REGULAR PRACTITIONERS IN ILLINOIS.

We are in receipt of the official list of legally qualified physicians in the State of Illinois recently published by the State Board of Health. Our crowded columns permit only a brief reference to one of many items of interest found therein. We refer to the gratifying increase in the number of regulars and the corresponding decrease in sectarians appearing before the board for license to practice. In the eighteen months from July 1, 1899, to January 1, 1902, the Board examined 920 candidates. How many of them passed the examination does not appear, although it would be an interesting item. Supposing that all passed the examination we find that only 27 or less than three per cent were graduated at eclectic schools; 132 or a little over 14 per cent were graduated at homeopathic schools, and 753 or about 83 per cent were graduated at regular schools. This conforms almost exactly with the computation made in the Journal about one year ago and is striking evidence of the decadence of the sects. In these computations no account has been made of eight graduates from the National Medical University of Chicago, which announces a panpathic course of instruction and the graduates from which may be regular homeopathic or eclectic.

ALBERT C. CORR.

Members attending the meeting at Quincy will look in vain for the face of that faithful veteran A. C. Corr. No man in Illinois had a more unselfish interest in the Society than Dr. Corr. We know that he devoted many of his best days to the organization of the profession. At the last annual meeting he showed evidences of failing health but no one supposed that his end was so near. He was obliged to give up his work soon after the beginning

of the year. A sojourn in Florida failed to bring about a restoration and soon after his return to Carlinville he succumbed. We shall miss his genial presence.

NEW CONSTITUTION AND BY-LAWS.

The following has been suggested by the Committee on Revision of the Constitution:

Supplemental application for active membership in the Illinois State Medical Society to be signed by those who have graduated from other than regular schools of medicine.

As supplemental to my application for active membership in the.....branch of the Illinois State Medical Society and in view of the fact that I graduated from.....School, I hereby declare that I do not now and shall not in future profess to practice any exclusive system of medicine, and I shall in every respect maintain the high professional standard required of all members of the Illinois State Medical Society as set forth in Art. III, Sec. 7 of its Articles of Incorporation.

Correspondence.

Hotel Accommodations at Quincy.

Mr. Editor: In order to correct any misapprehension which may exist, and to allay the misgivings of any who may wish to attend the coming meeting of the State Medical Society, the committee of arrangements wishes to say a few words with reference to the hotel facilities of Quincy.

The four leading hotels in this city are the Newcomb, the Tremont, the Moecker and the St. James. The Newcomb will be headquarters, and here the banquet will be held. This house is four blocks from the Court House—where the sessions will meet. The Tremont and St. James are each three blocks, and the Moecker is six blocks with street car connection. This house, while at a little greater distance, is on both the European and American plans, is a new hotel and thoroughly up-to-date. The others are on the American plan.

The proprietor of the Newcomb has refused all companies, troupes, etc., for the dates of our meeting, thus practically reserving the entire house for the delegates.

There are many other smaller hotels, and numerous boarding houses and eating houses; in fact the local committee is perfectly willing to become responsible for the care of 1,000 delegates at this meeting, at rates ranging from one to four dollars per day.

Very respectfully yours,

The Com. of Arrangements.

The New Constitution.

Dear Doctor: The committee's plan of reorganization of the State Society printed in the April number is before us, fortunately in

time for study and discussion before the meeting in Quincy.

Without going into the details of the constitution of the delegate body and the committees, etc., which have been elaborated by the committee, I wish to speak of what seems to me the most vital point in the whole plan, the point to which I alluded in my letter published in your February number; viz: The mode of raising money for the State Society, or the mode of collecting the membership fees.

No one will question the vital importance of the subject of ways and means. Not only for individual but also for societies and corporations is the question always the first to be considered. Originally it is the question of self-preservation and later that of growth and prosperity.

In a local society the membership must depend upon the payment of individual dues. In a State Society which meets but once a year it is very difficult to collect from members who do not attend the annual meeting. That is the chief reason why the membership of all the state societies is so small and fluctuating. A favorable location of the meeting, popularity and hard work of the officers may result in an increase one year to be lost the next. This has been the history of the Illinois State Society in the past. Is there any reason to hope for an improvement in the future, under the same plan? It is possible that the Journal would help to improve and to hold the membership. It is certainly worth much more than the old volume of transactions which was all that the non-attending members previously got for their annual dues. Perhaps with its aid one-half of the members of the County Society could be held in the State Society. Is there anyone optimistic enough to hope for a better result? Personally I do not believe that in three years from now more than one-third of the members of the local societies would be found paying regularly \$3.00 to the State Society.

Hence I am sorry that the re-organization committee has not met that difficulty boldly and proposed a change to the only plan that can overcome the obstacles that have always stood in the path of a complete organization of the medical profession. This plan is the one alluded to in my previous letter as suggested by the committee of the American Medical Association: That each local component or affiliated society shall contribute to the support of the State Society according to its membership.

This plan makes the State Society dependent upon the component units of its organization; the local societies, and not upon individuals. That is the only logical arrangement in the representative system proposed.

The dilemmas of the plan proposed by the committee are easily seen. Article II, Section 2, of the proposed constitution provides that "Resident members (of the State Society) shall consist of all of the members of all county or district societies—which shall become branches of the Illinois State Medical Society." Section 2, Chapter VI of the By-Laws, fixes the annual dues of members at \$3.00. Section

8, Article II of the Constitution provides for the expulsion of any member for non-payment of dues. Section 4, Chapter I of By-Laws also makes the same provision. Of course the State Society cannot deprive individuals of their membership in the local society. If the membership provisions of the proposed plan should be carried out there would be members of local societies that had been expelled from the State Society and we should be confronted with the paradoxical condition that "Resident Members should consist of all members of all county societies" when perhaps half the members have ceased to exist as members of the State Society. The wording creates an impossibility. But without insisting upon the absurdity of the language we should find in two or three years that a considerable part of the members of the local societies were not on the rolls of the State Society, the same condition that exists today. What would become of the representation in the House of Delegates? It is provided in Article 2 that the representation of each County Society shall depend upon its membership and not upon the number of its members who have paid their dues. This would be unjust but its cure by a change in the Constitution would bring about a complicated system naturally leading to occasions of dispute and annoyance.

Not only is the plan of having the local societies support the State Society desirable on account of its logical necessity but also because of its economic practicability. Should the Treasurer of the State Society send a bill to all its members i. e. to all the members of all the component societies each year and repeat them to those who did not respond to the first bill it would cost several hundred dollars which could be saved by the other plan. If the State Society should deal only with its component societies the functions of the Treasurer would nearly disappear and could easily and with advantage be united with those of the Secretary and Editor to be performed by one person.

Moreover the Treasurer of the State Society is placed at a great disadvantage in collecting dues from members who cannot or do not attend the annual meeting. On the other hand the Treasurers of the local societies by their personal acquaintance with all members and because of the frequency of the meetings can generally collect the dues without great difficulty.

That this plan of supporting the Central Society is practicable is shown by the example of all churches, secret societies and benevolent and labor organizations. These large and prosperous organizations no doubt owe their success in great measure to the building up and support of a grand lodge or central governing body without friction.

It is safe to say that not one of these organizations would dream for a moment of changing the plan by which the central body gets its support from the subordinate branches to one by which it should rely upon the voluntary contributions of individual members.

I do not believe that there is any reason why this plan that has worked so well in the

fraternal organizations should not succeed in the new Illinois Medical Society, as it has in the splendidly organized and very successful Alabama Association. The difficulty comes from the fact that the local societies are already in existence and, having never paid a contribution to the central body, will object to do so now on the ground that such a contribution would be of no benefit to them. It is right here that missionary work should be done and it will prove much easier to convince the societies of the value of the organization of the profession than to convince 5,000 separate individuals.

Success will be much easier if the contribution to the State Society be made as small as possible. May we not expect from you, Mr. Editor, an estimate of the expenses of the Society for the next year? The cost of the Journal will be an important element. Judging from our experience last year the exhibits will pay the cost of the annual meeting and more. We should make a substantial saving by abolishing the office of Treasurer. The duties of Editor and Secretary which I hope will be discharged by one man will need and justify a liberal appropriation. But the Journal with a bonafide circulation of over 4,000 to all members of the organized profession of the State should be such a valuable advertising medium that it should be source of income rather than an expense. In view of these considerations would it not be safe to place the amount for the support of the State Society at \$1.00 per member?

My conviction that this subject is of fundamental importance is my excuse for so long a letter. I have been led into a criticism of the work of the committee, a criticism that I am sure will be welcomed by them for each member is so frankly and earnestly desirous of the good of the Society. I hope to have convinced not only all your other readers but also the members of the committee that the plan of re-organization proposed by the committee would in a couple of years lead us back to the old slough of discouragement through which most all similarly organized societies have been struggling for years.

Very truly yours,

C. S. Bacon.

PROGRAM OF

PAPERS FOR QUINCY MEETING.

SECTION ONE.

R. B. Preble, Chairman...103 State st., Chicago
S. E. Munson, Secretary.....Springfield

Address on Medicine.

"Pernicious Anaemias, Their Diagnosis and Treatment."

George Dock, Ann Arbor, Mich.

1. "Grippe Infection Assimulating Puerperal Fever." Joseph Brayshaw, Homer. Discussed by T. J. Pitner, Jacksonville.
2. "Treatment of Septic Conditions of the Uterus." M. S. Marcy, Peoria. Discussed by W. A. Evans, Chicago.

3. "The Stokes-Adams Syndrome, with Report of Cases." Frank Billings, Chicago. Discussed by J. B. Herrick, Chicago.
4. "Life Insurance Examination." H. B. Buck, Springfield. Discussed by E. Fletcher Ingals, Chicago.
5. "Report of Ninety Cases of Typhoid Fever in Children." I. A. Abt. Discussed by W. S. Christopher, and Frank X. Walls, Chicago.
6. "Gastro-Enteric Infection of Children." Margaret T. Shutt, Springfield. Discussed by F. X. Walls, Chicago.
7. "The Infants Clothing." A. C. Cotton, Chicago. Discussed by W. S. Christopher, Chicago.
8. "Miliary Tuberculosis." Frank X. Walls, Chicago. Discussed by I. A. Abt, Chicago.
9. "What Should We Teach the People in Regard to Tuberculosis." George W. Webster, Chicago. Discussed by L. C. Taylor, Springfield.
10. "Senile Pneumonia." David W. Reid, Jacksonville. Discussed by M. S. Marcy, Peoria.
11. "Pathology of Kidney in Pneumonia." E. C. Franing, Galesburg. Discussed by C. B. Horrell, Galesburg and W. A. Evans, Chicago.
12. "Treatment of Pneumonia." N. S. Davis, Jr., Chicago. Discussed by George W. Webster, Chicago.
13. "Certain Clinical Points Regarding the Use and Indications of the Cardiac Stimulants." Arthur R. Edwards, Chicago. Discussed by George W. Webster, Chicago.
14. "What Cures." B. B. Griffith, Springfield. Discussed by J. B. Herrick, Chicago.
15. "Prognosis and Treatment of Suppurative Pleurisy." E. Fletcher Ingals, Chicago. Discussed by N. S. Davis, Jr., Chicago.
16. "The Diagnosis of Chronic Interstitial Nephritis, Based Upon Physical Findings, Chiefly Cardio-Vascular." Charles Louis Mix, Chicago.
17. "Alcoholic Neuritis, with Report of a Case." C. Martin Wood, Decatur. Discussed by Archibald Church, Chicago.
18. "Disorders of the Nervous System, Due to Severe Anemias." Archibald Church, Chicago. Discussed by Frank Billings, Chicago.
19. "Marked Changes in the Blood from Small Repeated Hemorrhages." J. B. Herrick, Chicago. Discussed by Frank Billings, Chicago.
20. "The Psychosis of Bright's Disease." C. Barlow, Robinson. Discussed by E. J. Brown, Decatur.
21. "Exophthalmic Goitre, with Cases." L. Harrison Mettler, Chicago.
22. "Recent Advances in the Treatment of Epilepsy." Harold N. Moyer, Chicago. Discussed by D. A. Brower, Chicago.
23. "The Insane Diathesis." Sanger Brown, Chicago. Discussed by Harold N. Moyer and Charles Louis Mix, Chicago.
24. "Hydro and Electro Therapy in the Treatment of Disease." E. M. Eckard, Peoria. Discussed by W. E. Quine, Chicago.
25. "Some Essential Points Regarding Chronic

- Constipation of Bowels."** J. W. Hensley, Peoria. Discussed by L. H. Mettler, Chicago, and J. E. Sutton, Canton.
26. **"Concerning a New Series of Synthetic Salts of Nucleinic Acid; the Nucleides of Iron Copper, Silver and Mercury."** E. R. Larned, Chicago. Discussed by W. A. Evans, Chicago.
27. **"Malarial Haematuria, with Etiology Symptoms, Diagnosis, and Treatment, with Report of Ten Cases."** M. L. Winstead, Wetaug. Discussed by Dr. Ferrill, Cartersville.
28. **"An Unusual Case of Typhoid Fever."** J. W. Kelly, Springfield. Discussed by Arthur R. Edwards, Chicago.
29. **"Consistency in Medical Practice."** J. N. Nelms, Taylorville. Discussed by L. J. Harvey, Griggsville.
30. **"The Heart in Life Insurance."** J. C. Sullivan, Cairo. Discussed by E. Fletcher Ingals, Chicago.
31. **"Massage as a Therapeutic Measure: The Masseur and His Relation to the Medical Profession."** Lucinda H. Corr Carlinville. Discussed by S. E. Munson, Springfield.

SECTION ONE.

1. **"A Case of Grippe Infection Resembling Puerperal Fever."** Joseph Brayshaw, Homer.
1. A resume of the literature of infection resembling puerperal fever.
 2. Methods of diagnosing them.
 3. Prognosis usually unfavorable.
 4. Treatment.
 5. Report of a case of Grippe Infection, in a tubercular patient, followed by child-birth, at seven and one-half months, after which developed pneumonia, peritonitis, pleurisy, pericarditis, nephritis, with finally general septic infection and death.
2. **"Treatment of Septic Conditions of the Uterus."** M. S. Marcy, Peoria.
1. Uterus is a very fertile field for introducing poisoned material into the circulation.
 2. Treatment of septic conditions after confinement.
 3. Special attention given to the treatment of septic conditions after actual abortion.
 4. Different opinions of writers.
 5. What is the proper procedure with these cases.
 6. Is the curette a safe instrument in the hands of the general practitioner.
 7. What is the best remedy today for intra-uterine infections, and why?
3. **"The Stokes-Adams Syndrome, with Report of Cases."** Frank Billings, Chicago.
- Brief account of the phenomena, which characterize the syndrome described by Stokes and by Adams.
- Character of the pulse and syncopal attacks.
- The cardio-vascular conditions in which the phenomena may occur.
- A brief account of two cases in which the syndrome appeared; one with a clinical diagno-

sis of aneurism of the aorta, the other one senile arterio-sclerosis and fibrous myocarditis.

The diagnosis.

The treatment.

4. **"Life Insurance Examinations."** H. B. Buck, Springfield.
1. Policy demands that any accepted duty in this line must be done in a thorough, painstaking manner, irrespective of size of fee.
 2. That anything short of honest, painstaking work reflects upon the profession as a body.
 3. That suspicion as to the honesty of the profession (entertained by the life insurance companies) can only be remedied by widespread individual effort, each examiner realizing, in every case examined, that his work tends either to weaken or strengthen that suspicion.
 4. That truly careful and scientific professional work would lessen the percentage of premature deaths from diseases of lungs, heart and kidneys. In other words, either carelessness, undue haste, or both, may result in overlooking the incipient evidence of diseases that by and through rapid development and fatal termination furnish too many early proofs of death.
 5. The necessary qualifications for and the technique of the work.

5. **"Report of 90 Cases of Typhoid Fever in Children."** I. A. Abt, Chicago.

The prodromata. Symptoms which mark the onset of the disease: The relapse and date of its occurrence, severity, duration and special symptoms, the pulse, temperature, nervous symptoms, headache, delirium, muscular tremor, neuritis and chorea, the tongue, mouth and pharynx, epistaxis, the intestinal symptoms, diarrhea or constipation, hemorrhage, perforation, tympany, vomiting, special symptoms, the liver, size and consistency, the lungs, bronchitis, pneumonia, special considerations, the heart, dimensions and physical examination, the larynx, the skin, roseola, date of appearance, location and duration and occurrence during relapse, abscesses, furunculosis erythema, bedsores, unusual conditions, organs of special sense, examination of urine, diazo reaction, examination for typhoid bacilli and other micro-organisms, probable source of infection in cases, including a consideration of house epidemics, the Widal reaction, its occurrence, technique, complications, daily observations, termination of the disease and autopsy reports.

6. **Acute Gastro-Enteric Infection of Infants.** Margaret Taylor Shutt, Springfield.

1. Causes.

1. Heat.
 - A. By depressing child's vitality.
 - B. Thirst causing over feeding.
 - C. By effects on artificial food.
2. Improper Feeding.
 - A. Over feeding.
 - B. Artificial feeding.
 - (a) Unclean milk. (Milk from corner grocery, sterilization does not destroy toxins already present.)
 - (b) Condensed milk.

2. Symptoms.

1. Fever.
2. Prostration.
3. Vomiting.
4. Frequent stools.
 - (a) Foul odor.
 - (b) Color-green or gray.
 - (c) Undigested food particles.
 - (d) Mucus and blood.
 - (e) Watery.
 - (f) Cause chafing of Buttocks.

3. Diagnosis.

Could only be mistaken in beginning for onset of one of the exanthemata.

4. Prognosis.

Depends entirely on amount of child's vitality, and whether it receives intelligent care.

5. Treatment.

1. Prophylactic.
 - A. Keep child cool.
 - B. Keep child clean.
 - C. Give limited quantity of proper food.
2. During attack.
 - A. Stop all milk food.
 - (a) "Bold starvation."
 - (b) Albumen and barley water, and beef peptonoids.
 - B. Clean out alimentary canal.
 - (a) Wash stomach.
 - (b) Flush colon with saline or mild antiseptic solution.
 - (c) Calomel or castor oil.
 - C. Reduce fever by sponging.
 - D. Secure intestinal antisepsis as far as possible.
 - (a) Bismuth?
 - E. No opium to be used until stools are normal, and then with great caution, and only when peristalsis continues to be exaggerated.
 - F. Disinfection of diapers.
3. Treatment after attacks.
 - A. Explicit directions as to proper kind and quantity of food.
 - B. Tonics when indicated.

7. "The Infant's Clothing." A. C. Cotton, Chicago.

Synopsis: Objects of special requirements on account of anatomical and physiological peculiarities, form and material best suited to meet these requirements; pernicious effects of improper clothing; lowered vitality, impaired nutrition, arrested development, permanent deformities.

8. "Miliary Tuberculosis." Frank X. Walls, Chicago.

Synopsis. Report of a case of Miliary Tuberculosis in an infant. Consideration of the etiology, symptomatology, diagnosis of Miliary Tuberculosis in general.

9. "What Should we Teach the People in Regard to Tuberculosis." George W. Webster, Chicago.

We may divide this question into three divisions.

1. Those who are not affected with the disease, especially the wealthy class. What is their duty to others.

2. Those not affected but especially liable, because of heredity or because some near friend or some member of the immediate family is tuberculous.

3. Those already afflicted.

We should aim to make our suggestions and help simple and practical rather than difficult and scientific. Our efforts must necessarily be directed chiefly toward the second and third classes.

We should teach them that there are two elements in the case; the susceptibility of the patient, and the germ. We should then teach them how immunity is lessened or destroyed and how it may be regained. We should teach them the sources and modes of infection and the methods of preventing the same. They should be taught their duties to themselves, their families and the public.

10. "Senile Pneumonia." D. W. Reid, Jacksonville.

Defined. As used in this paper, Senile Pneumonia means acute croupous or lobar pneumonia, as it effects the aged.

Importance of a disease depends on its frequency and its mortality. Senile Pneumonia, the most frequent and deadly disease in old age. "The natural end of the old man." "Ninetenths of all deaths over 75 due to acute lobar Pneumonia."

Aetiology, same as sthenic pneumonia in the young adult viz: Invasion of the pneumococcus of Frankel. Probably a local infection with general toxæmia. Authorities differ on this point.

More to be learned about the real cause of Pneumonia, than of any other common acute disease.

Symptoms: All are familiar with Pneumonia in the young adult. Contrast with this symptoms of senile pneumonia. May differ in almost every respect from above. Disease follows more nearly the typhoid type. May be sudden or insidious. May be mild in symptoms, but fatal in results. The sudden onset, the chill, the high fever, the pleuritic pain, the cough, the expectoration, the crisis may one or all be absent. Nay more, even the physical signs may be absent in a fatal case of Senile Pneumonia, and the autopsy show pneumonia infiltration. Prostration always present, delirium icterus frequently so, and a chill always suspicious. Thousands die of "Grippe" that should be written Senile Pneumonia.

Prognosis. In Pneumonia the heart is everything. Age is the most important of all factors in Pneumonia. Before 50 most cases get well. After 50 most cases die.

Treatment. Following is a review of recent literature, rather than personal experience:

Phlebotomy. Many advise, but few dare practice.

Alcohol. Most authorities advise use in rather large quantities.

Coal Tar derivatives. Most authorities condemn.

Aconite and Veratrum. Most authorities condemn.

(Some Noted Exceptions.)

Digitalis. Care—Not so much used as formerly.

Cresote. Authorities differ.

Serumtherapy. Authorities differ.

Cold applications superceding hot applications.

Strychnine. Almost a universal favorite.

11. "Pathology of Kidney in Pneumonia." E. C. Franing, Galesburg.

Physiologic elimination of toxins through the kidneys.

Microscopic appearance of kidney in croupous pneumonia.

Blood supply and congestion, oedema.

Changes in epithelial tissues.

Changes in connective tissues.

Changes in malpighian tufts.

Changes in blood vessels.

Leucocytic infiltration.

Lymphocytic infiltration.

Plasma cell infiltration.

Presence of granular casts.

Presence of hyaline casts.

Presence of pneumococci.

Conditions of kidneys when death occurs early or late in disease.

Suggestions on causes of congestion.

Causes of degenerations and effects of toxins on acting a long or short time or in large or small amounts.

Influences which bring about lymphocytic, leucocytic and plasma cell infiltration.

Suggestions on the offices of plasma cells and lymphocytes.

12. "The Treatment of Pneumonia." N. S. Davis, Jr.

Bleeding, tartar emetic, blistering, fomentation.

Veratrum viride, calomel, purgation, foods, hypodermoclysis.

Warm baths, oxygen, inhalation, digitalis or strophanthus, strychnia.

Ammonia compounds, alcoholic beverages, chemical antipyretics.

Cold baths, antipneumococcus serum, prophylaxis.

13. "Certain Clinical Points Regarding the Use and Indications of the Cardiac Stimulants." Arthur R. Edwards, Chicago.

The use of nitro-glycerine; its contra-indications. Use of ammonia, action on the circulation and respiratory apparatus; mode of administration. The action of alcohol, especially upon the nerve centers and circulation. Its effect on the vaso-motor system. Its use in acute infections, sepsis, etc. Can the pharmacologic and clinical evidence be reconciled? The use of morphine and its effects in respiratory and circulating lesions. Indications for the use of digitalis; contra-indications. Adjuvants and substitutes.

14. "What Cures." B. B. Griffith, Springfield.

Primitive medical ministrations. Mysteries in medication. Patient's expectations. Secrecy regarding composition of remedial agents. Em-

pirical medication. Impression produced on patient by methods of examination. Diagnosis, or name of the disease. Prognosis. Treatment. Discovery of the real cause or source of disease. Study of patient as well as pathologic process.

15. "Prognosis and Treatment of Suppurative Pleurisy." E. Fletcher Ingals, Chicago.

An analysis of 83 cases from private records and those from the Presbyterian and Cook County Hospitals, with a study of the relative value of different methods of treatment.

Empyema extremely fatal, though in the majority of cases, in children and in others when caused by the diplococcus lanceolatus it may be cured by appropriate measures. Of 20 cases under 15 years of age only 2 died. In 63 older patients, 20 died; total death rate after operative measures in all cases, 28 per cent, though rarely patients recover by absorption of the fluid and encapsulation of the remaining pus, and a considerable number by perforation of lung and expectoration of pus; of those cases due to the pneumo-coccus according to Jaccoud and Netter from 25 to 40 per cent recover without operation. In children under 3 years of age mortality of about 50 per cent; from this to the 15th year according to some statistics, the mortality is as low as 2 or 3 per cent. Hypocrates recommended tapping and also perforation of rib, an operation not very dissimilar to the exsection practiced today. Laennec considered the disease very fatal and recommended paracentesis, but never himself obtained permanent benefit from the operation. Of 121 cases collected by Foulk, 23 were cured by aspiration alone; 4 of the author's cases were cured in this same manner. John Sculceus in the early part of the 17th century recommending withdrawing the pus by a syringe. Repeated aspirations urged in all cases before a radical operation is performed until the pleural cavity can be once thoroughly emptied; 4 or 5 days later radical operation should be done; introduction of 2 large drainage tubes, through a trocar believed to be the simplest and best operation because it can be done by the physician without the aid of a surgeon, does not require general anaesthesia, gives the patient less discomfort and apparently saves more lives than the most formidable operation. An examination of these 83 cases due to various causes and to various complications and treated under various methods shows 70 per cent recovery under operation recommended and only 30 per cent recovered after exsection of ribs. Statistics appear to show that excepting when temperature is present, cases do better by drainage without irrigation than with it after operation. In case a cavity remains for 4 or 5 months after operation the resection of portions of 2 or more ribs is recommended to allow collapse of the side so that the walls of the cavity may come in apposition and healing take place.

16. "The Diagnosis of Chronic Interstitial Nephritis based upon Physical Findings, chiefly cardio-vascular." Charles Louis Mix, Chicago.

Introductory. Classification of chronic nephritides. Limitations of subject.

1. Importance of diagnosis independently of urinary examination.

- (a) Cases without albuminuria. Cases to illustrate.
- (b) Many single specimens worthless, and twenty-four hour specimens may be negative for days. Cases.
- (c) Diagnosis made thus may be later confirmed by urinary examination. A diagnosis so made is almost certain to be correct.

2. Physical Findings.

- (a) Vascular Changes.
 1. Arterial wall. Effect on aortic and pulmonic second sounds.
 2. As to pulse-tension.
 3. Hemorrhages-epistaxis-retinal-cerebral cases.
 4. Relation of (1) and (2) to changes seen in arterio-sclerosis.

Query as to whether differential diagnosis between arterio-sclerosis of renal arteries and chronic interstitial nephritis is necessary.

- (b) Cardiac changes, noted by inspection, palpation, percussion and auscultation.
 1. Hypertrophy, etc.
 2. Pericarditis. Frequent and overlooked.
 3. Differential diagnosis from valvular disease.

(c) Special sense organs.

1. Retinitis albuminurica. (Prognosis.)
2. Deafness, tinnitus, vertigo (paroxysmal, irregular).

(d) Conspicuous Absence of oedema, anasarca, and ascites until compensation is destroyed. May never occur.

3. Two subjective symptoms of value in diagnosis of the disease.

- (a) Dyspepsia. Case.
- (b) Neuralgia-Occipital, especially, on right side. Cases.

4. Consideration of the cardiac hypertrophy.

- (a) Causes: 1 Mechanical theory of Traube. 2 Chemical theory of Bright.

(b) Value to the patient.

- (c) Dangers of hypertrophy, with a corollary as to the treatment of the cardio-vascular changes in these cases.

(d) Absence of hypertrophy. When found. Prognosis.

5. Deductions.

17. "Alcoholic Neuritis, with Report of Case." C. Martin Wood, Decatur.

Alcoholic Neuritis, the most frequent type of multiple neuritis. First described by Jackson in 1822.

Etiology, more common occurrence in women, middle period of life.

Symptoms, motor, sensory, trophic and mental.

Diagnosis, is from anterior poliomyelitis, tabes, myelitis and rheumatism.

Prognosis and treatment. Report of case. Male, age 36, has taken small amount of alcohol for ten years. Gradual onset. Premonitory symptoms. Severe pains and mental symptoms. Occurrence of wrist drop without foot drop. Gradual improvement of paralysis.

18. "Disorders of the Nervous System Due to the Severe Anemias." Archibald Church.

1. A consideration of the various lesions of the nervous system which have been recognized for a long time as a result, or at least associated with severe anemias.

2. The changes in the spinal cord due to or associated with the pernicious anemias.

3. A summary of the clinical manifestations of such disorders.

4. A number of cases briefly reported.

5. The pathology of the condition.

6. The indications for treatment.

19. "Marked Changes in the Blood from Small Repeated Hemorrhages." Frank Billings.

Small repeated hemorrhages from whatever source may, if long continued, induce marked changes in the blood, as well as in the general condition of the patient. In some instances, these cases at first sight resemble pernicious anemia. The characteristics of the blood, however, are those of a severe secondary anemia. Hemorrhoidal hemorrhage often overlooked. The importance of its recognition. History of cases illustrating these points.

20. "The Psychoses in Bright's Disease." C. Barlow.

Mental disturbances may become manifest in every variety of nephritis, but are most frequently in the chronic interstitial variety. For convenience of study the mental symptoms are divided into four groups.

The first group consists of those in which the mildest forms of mental disturbances, as loss of memory, confusion of thought and occasionally mild delirium and temporary loss of consciousness.

The second group of symptoms includes acute delirious uraemia, coma and the mental symptoms resulting from convulsions or paralysis.

The third group: Insanity, occurring in patients not predisposed by heredity.

The fourth group: Insanity, occurring in individuals who have hereditary tendencies.

Causes of the psychoses in nephritis.

Importance of the subject from a clinical and from a medico-legal standpoint.

21. "Exophthalmic Goitre." L. H. Mettler, Chicago.

By way of introduction, report of three cases, in a mother and her two sons.

The classification of this disease has been various in the past. Today its real nature is hardly less mysterious than it was formerly. As with all such, affections theories are rife. Dogmatic assertions in regard to it are certainly not allowable. Three prominent views of it are that it is (a) a neurosis of the central nervous system; (b) a hypersecretion of the thyroid gland, or (c) a combination of neurosis and hypersecretion reacting mutually upon each other. That it is not due to hyperthyroidization primarily is shown by its etiology (heredity, age, sex, mental shock, anaemia, etc., etc.); by the peculiar symptomatology (alternate prominence of tachycardia, struma and exophthalmos; hyperidrosis, trembling, psychic state, and other secondary symptoms); by the patho-

logical findings (condition of thyroid gland, of blood and other organs); by the prognosis (cases often suddenly recovering under influences other than those that affect the thyroid gland); and lastly by the therapy (rest, electricity and nerve sedatives usually giving the best results.) On the other hand, all these factors point strongly to a neurotic origin for the disease.

Exophthalmic goitre and myxoedema are not antithetical except in some few minor symptoms, hence if the latter is due to diminished secretion it is not to be concluded that the former is due to an excess of thyroid secretion. Conclusions.

22. "Recent Advances in the Treatment of Epilepsy." Harold N. Moyer, Chicago.

The effects upon epileptics of diminution of salt ingested, a discussion of the dietetics of epilepsy in general, the use of the glandular extracts, notably suprarenal, in the treatment of idiopathic epilepsy, a simple chart for the daily record of the condition while under treatment.

23. "The Insane Diathesis." Sanger Brown, Chicago.

24. "Hydro and Electro-Therapy in the Treatment of Disease of the Alimentary Tract." E. M. Eckard, Peoria.

1. Diseases of the alimentary tract to which electro and hydro-therapy are applicable.

2. Use of faradic, galvanic and mixed currents. External and internal; localized and general treatment.

3. Hydro-therapy as applied in baths, medicated waters, douches, and applications.

4. Neuroses treated by internal and external applications.

5. Institution treatment. Lavage. Thermal influence.

6. Indication for treatment. Uses as an adjunct to medicinal treatment.

7. Literature. Cases. Etc.

25. "Some Essential Points Regarding Chronic Constipation of the Bowels." J. W. Hensley, Peoria.

1. Only Constipation, caused by atony of Intestinal Powers to be considered.

2. The causes bringing about the atonic conditions to be searched for and corrected if possible.

3. The middle classes of the adolescent and adult people of civilized countries, are the ones most addicted to irregular action of the bowels, because of occupation, sedentary habits, hurry and worry in business, improper diet, neglect in the beginning, environments, the frequent use of active purgation etc. Hence constipation from these causes may be said to be idiopathic.

4. Defective digestion, insufficiency of food, anaemia, chlorosis and all conditions weakening intestinal peristalsis without other or remote local or constitutional disease are to be considered within the scope of this paper. All grave continuous constitutional diseases, local organic affections, obstructions, together with the sequelae thereof, except simple gastric or intestinal atony, are to be excluded.

5. To cure chronic constipation, even though all organs may be anatomically and physiologically normal in the essential requires tact, confidence, and a long continued treatment, hygienic digestant and medicinal, all of which must be regular, and persistent.

6. Confidence on the part of both patient and doctor, inspired by experiences and auto suggestions are indispensable aids, in the management of all out-door patients, especially so, where the digestive and eliminative functions are impaired. Regular habits, exercise of a healthy physical nature, the proper and full ingesta of wholesome foods with both gastric and intestinal sufficiency of digestion, are important conditions to be taken into account. These together with an understanding and agreement from the beginning, to remain under treatment and observation for at least six months, will in a great majority of cases, result in a permanent cure.

7. The treatment must be pursued on rational conservative bases, no doubt must be expressed or conveyed, as to a favorable outcome. With a due observance of prescribed hygienic measures, a properly selected diet, and exercise, together with a studied treatment by medicines, manipulations and suggestions according to conditions, causes and the idiosyncrasies of each individual case, will almost always result favorably in the end.

26. "Concerning a New Series of Synthetic Salts; The Nucleids of Iron, Copper, Mercury and Silver." E. R. Larned, Chicago.

Synthetic chemistry is particularly useful, by imitating nature and building in the laboratory, remedial agents similar to those of nature's construction.

The irritating and devitalizing action of most germicides is explained upon the ground of chemic affinity for tissues and cell constituents.

The most important constituent of blood and lymph corpuscles is nuclein.

Health is maintained and resistance to disease effected through the "defensive proteids" of which nuclein is the most active.

These new salts are true chemic combinations of the metals with nucleinic acid.

The therapeutic application of compounds of nucleinic acid is rational and supported by plenty of clinical observation.

Inorganic salts of the metals must undergo reformation into nucleids before the organism can make use of them.

27. "Malarial Haematuria." M. L. Winsted, Wetaug.

The author having had considerable experience with the disease, will give brief pathology with etiology as now taught from different standpoints. Will give the symptoms and treatment in detail, paying particular attention to the different methods of treatment, particularly in reference to the administration of quinine, and will take the stand that quinine is, if not contraindicated, of very little use in the treatment of the disease. Three theories of cause of disease will be mentioned, viz.:

Malarial, quinine and specific. Eliminative treatment or a clearing of the alimentary canal, and the active stimulation of the excretory organs will be advocated with quinine, arsenic and strychnine following later.

Report from case book of ten typical cases of the malignant type of the disease, will be given with general treatment of all in detail.

28. "An Unusual Case of Typhoid Fever." J. W. Kelley, Springfield.

1. Sudden development.
2. Chills and hyperpyrexia; the chills failing to recur and temperature reduced on administration of large doses of quinine and capicum. (No plasmodia found in the blood).
3. A continued perversion of ideas, amounting at times to marked, and at one time, wild delirium; this perversion continuing even while temperature was normal and subnormal.
4. The marked changes in temperature, amounting to complete intermission for several days; also marked and sudden changes in pulse and respiration.

29. "Consistency in Medical Practice." J. N. Nelms, Taylorville.

This article is written in defense of the legitimate practice of medicine.

In treating on this subject, I call attention to the requirements demanded by law and deplore the fact that many, after having attained the requisite knowledge to practice scientific medicine, denounce internal medication and resort to irregular processes as a substitute. I do not underestimate the value of hydrotherapy. Suggestion, massage and etc. They are valuable as aids, but can never take the place now held by scientific medicine. I point out the inconsistency of legislating against osteopathy, and at the same time resorting to massage exclusively. Or of condemning Christian Science while practicing Suggestion Therapeutics ourselves to the exclusion of drugs. That to secure legislation in our behalf, we must be consistent. Some insist that the tendency is toward nihilism. I condemn this idea as dangerous to our profession. The laity will soon learn that it does not require a professional to do nothing, and will refuse to pay us for doing nothing simply because we are professionals. Our knowledge is judged by the services rendered; if we do nothing, they will assume that we know nothing. I believe in the physiological action of drugs and administer them for the physiological effect. Why all this preparation to practice nihilism? I denounce all irregular processes whether practiced by ourselves or another. I am a strong advocate of serum therapy; mark the advancement made in surgery in recent years and hold that medicine has fully kept pace with surgery.

SECTION TWO.

E. Mammen, Chairman.....Bloomington
W. E. Schroeder, Secretary, 103 State st., Chicago
"Surgery, Surgical Specialties and Obstetrics."

1. Address—"The Advantages of Early Surgical Intervention in Border Land Cases." Roswell Park, Buffalo, N. Y.,
2. "Surgery of the Stomach." Arthur D. Bevan, Chicago.
3. "Traumatic Injuries to Liver, Report of a Case." J. L. Wiggins, E. St. Louis.
4. "Lymphadenitis and Abscesses of the Liver in Connection with Appendicitis." M. L. Harris, Chicago.
5. "Appendicitis from the Standpoint of a Country Practitioner." W. R. Mackenzie, Chester.
6. "Appendicitis, When Shall we Operate?" H. C. Mitchell, Carbondale.
7. "The Hartley-Krause Flap in Hemorrhage from the middle meningeal Artery, with Report of Two Cases." S. C. Plummer, Chicago.
8. "A Plea for More Accurate Diagnosis of Cholelithiasis." J. H. Stealy, Freeport.
9. "The Diagnosis of Gall Stones. The Status of the Small Hospital." J. W. Hairgrove, Jacksonville.
10. "Spinal Surgery." Carl E. Black, Jacksonville.
11. "The Neurological Diagnosis of Traumatic Lesions of the Spinal Cord." F. P. Norbury, Jacksonville. Discussed by Weiler VanHook.
12. "Malignant Disease of the Kidney in Children. Report of a Case with Operation." J. F. Percy, Galesburg. Pathological Report on same, Wm. H. Welch, Baltimore, Md.
13. "Surgery of Ureter," Emil Ries, Chicago.
14. "The Technique and Possibilities of Endovesical Operative Procedures." L. E. Schmidt, Chicago.
15. "Prostatectomy." J. B. Murphy, Chicago.
16. "The Accidents of Anaesthesia, Their Prevention and Treatment." D. N. Eisen-drath, Chicago.
17. "The Use of the Colpeurynter in Obstetric Practice." J. B. DeLee, Chicago.
18. "Rupture of the Uterus During Confinement." F. P. Gillis, DuQuoin.
19. "Transverse Arrest of the Head an Indication for Forceps." C. B. Reed, Chicago.
20. "The Care of the Perineum During Labor and the Puerperium, Based on a Study of Five Hundred and Fourteen Cases." Effa V. Davis, Chicago.
21. "The Management of Postpartum Hemorrhages." C. S. Bacon, Chicago.

22. "The Use of the Curette in Puerperal Sepsis." Geo. L. Eyster, Rock Island.
23. "The General Practitioner and his Surgery." W. C. Bowers, Decatur.
24. "Dacryocystitis." E. E. Clark, Danville.
25. "Ophthalmia Neonatorum." I. L. Firebaugh, Robinson.
26. "Nephritic Eye Lesions." W. O. Nance, Chicago.
27. a. "Voluntary Nystagmus (?)" J. Whitefield Smith, Bloomington. b. "A Study of Nystagmus." F. S. Crocker, Chicago.
28. "Congenial Dislocation of Hips, with Report of a Case." E. H. Ochsner, Chicago.
29. "Ambulatory Treatment of Fracture of Femur." W. A. Kuflewski, Chicago.
30. "A Plea for the Conservation of the Uterus in Pelvic Inflammation." O. Beverly Campbell, Chicago.
- 30½. "Vaginal Section and Drainage for Pelvic Disease." T. J. Watkins, Chicago.
31. "The Limitations of Surgery in Gynaecology." O. B. Will, Peoria.
32. "Haemostasis of the Broad Ligaments." Henry P. Newman, Chicago.
33. "The Unsururgical Features of Vaginal Hysterectomy." S. C. Stremme, Macomb.
34. "Treatment of Pleural Effusions by Continuous Aspirations." Weller VanHook, Chicago.
35. "Interesting Laparotomy with Exhibition of Specimens." Jacob Frank, Chicago.
36. "Tetanus, A Case with Recovery." Frank E. Wallace, Monmouth.
37. "Tuberculosis, Treatment by Murphy's Compression Method." J. W. Alexander, Oakland.
38. "Surgical Tuberculosis." T. N. Rafferty, Robinson.
39. "Perineal Excision of the Rectum for Carcinoma." A. E. Halstead, Chicago.
40. "Remarks Upon the Treatment of the More Common Skin Diseases." E. A. Fishkin, Chicago.
41. "Hemorrhoids, Their Pathology, Indications for and Technique of Operative Treatment." J. Rawson Pennington, Chicago.
42. "Congenital Phimosi." C. C. Hunt, Dixon.

2. "Surgery of the Stomach." Arthur Dean Bevan, Chicago.

Synopsis:

1. Historic review.
2. Operations for malignant disease.
3. Operations for benign pathological conditions, especially ulcer and its consequences.
4. Operative treatment of perforating wounds of the stomach.
5. Operative removal of foreign bodies.

The results of surgical treatment in malignant disease reviewed and the conclusion reached that they are not satisfactory, but that in a limited number of cases of carcinoma operative procedures should be resorted to.

A review of the surgery for benign conditions. Conclusion reached that operative treatment of these conditions is satisfactory, and should be more resorted to.

Review of the treatment of perforating wounds. Conclusion reached that perforating wounds from the modern military rifle should not be interfered with surgically. In civil practice, however, the operative treatment seems preferable.

The history of operative procedures discussed under six heads: Preliminary preparation of the patient, question of anesthesia, operative technique, the after-treatment, complications, causes of death. Conclusion.

3. "Rupture of Liver." J. L. Wiggins, East St. Louis.

Subjective signs in intra abdominal lesions even when corroborated by objective may cause an error in diagnosis.

Case in point when pains and history of traumatic injury indicated involvement to viscera in left side of abdomen. Large bloody stools and bloody vomit. Accentuated subjective signs. Exploration disclosed rupture of liver on upper surface. Secondary operation for hematoma through right chest wall. Second week: Excision of 8th and 9th ribs establishing direct drainage. Biliary fistula resulting. Spontaneous closure third month. Recovery.

4. "Lymphadenitis and Abscesses of the Liver as Complications of Appendicitis." M. L. Harris.

The complications here considered do not depend upon the severity of the local changes found in the appendix. A severe lymphangitis or lymphadenitis may be present in mild cases of appendicitis. An appendicitis so mild as to escape detection may form the infection atrium through which microbes may enter the lymph channels and set up a severe pyelophlebitis or may enter the portal circulation, producing a severe pyelophlebitis with secondary abscesses in the liver. These complications may also take place some time after the acute symptoms of appendicitis have subsided. In cases of general infection with symptoms pointing to the involvement of the liver the appendix should always be thought of as a possible point through which the infection has gained entrance.

6. "Appendicitis—When Shall We Operate?"

H. C. Mitchell, Carbondale.

Condemn the practice of wholesale operating of these cases in all stages of the disease. Will recommend operation only in certain stages, preferring to allow the patient to take chances of recovery otherwise. Will endeavor to give statistics proving my claims.

7. "The Hartley-Krause Flap in Hemorrhage from the Middle Meningeal Artery, with Report of Two Cases." S. C. Plummer, Chicago.

The origin of the Hartley-Krause flap.

Description of after Hartley, after Krause.

Priority. Anatomical investigations.

Kronlein's classification of the extradural hematomata resulting from rupture of the middle meningeal artery.

Objects to be accomplished by opening the skull.

Ligation in continuity of little value.

Best site for opening the skull.

Localizing diagnosis.

Advantages of the Hartley-Krause flap for exposing the hematoma.

Recorded cases of the use of the osteoplastic flap in cases of middle meningeal hemorrhage.

The writer's cases.

Comments.

8. "A Plea for the More Accurate Diagnosis of Cholelithiasis." J. H. Stealy, Freeport.

A review of forty cases in point, with a consideration of previous diagnosis.

An enumeration of the more essential differential points between the above conditions and chronic gastritis, appendicitis, renal disturbances, hysteria, neuralgia and sub-phrenic abscess.

9. "The Diagnosis of Gallstones. The Status of the Small Hospital." J. W. Hairgrove, Jacksonville.

First topic—No synopsis needed.

Second—A plea for hospitals in the smaller towns.

12. "Malignant Disease of the Kidney in Children. Report of Case with Operation." J. F. Percy, Galesburg. Pathological Report by William H. Welch, Baltimore.

The study of malignant disease of the kidney received a most important impetus from a paper published by Grawitz in 1883.

Primary renal growths (benign and malignant), are extremely rare, as are also growths due to secondary involvement of the kidney.

Over 52 per cent of all malignant tumors of the kidney occur below the age of ten years. Pathologists refer this to the complicated structure of the organ. But other organs also have a complicated structure and yet are not vulnerable to the changes denoted as malignant, especially at so early an age. The literature of malignant disease of the kidney has been wonderfully influenced by Cohnheim's theory of embryonic cell inclusion. But cell inclusion in the kidney does not manifest itself, as far as malignancy is concerned, in the later years of life nearly to the degree that it occurs

before the age of ten years. Malignancy, barring the kidneys, is in the majority of cases a disease of late adult life. This raises the question of infection during elimination, due to lessened resistance in the kidney of the child. That the adult kidney shows marked resistance to the changes we refer to malignancy may be due to an acquired immunity similar to that which manifests itself in adult life in relation to the exanthemata.

Full report of a case.

Pathologist's report: Hypernephroma.

13. "Surgery of Ureter." Emil Ries, Chicago.

Synopsis:

1. Tuberculosis.

a. Necessity of treatment in connection with tuberculosis of kidney and bladder.

2. Plastic surgery in intermitted hydronephrosis.

14. "The Technique and Possibilities of Endovesical Operative Procedures." L. E. Schmidt, Chicago.

Synopsis: Principle of endovesical operations.

Description of instrument.

Essential features of the two distinct types of operating cystoscopes.

Technique.

Limitations of endovesical operative interferences.

Frequency of cases for procedures of this kind.

Results.

15. "Prostatectomy." J. B. Murphy, Chicago.

16. "The Accidents of Anesthesia, Their Prevention and Treatment." D. N. Eisen-drath, Chicago.

Synopsis:

Survival of ether and chloroform as the chief agents for the production of general anesthesia.

2. Gradually increasing usefulness of the method of local anesthesia of Schleich.

3. Comparison of the action of chloroform and ether on healthy and diseased organs.

a. The chief indications and contraindications in the use of these anesthetics.

b. The method of administration of each, and how it has been improved since the recent researches of various investigators.

c. How to prevent grave cardiac, pulmonary and renal complications.

d. Treatment of chloroform syncope. Raising the foot of the table, massage of heart, rhythmical tractions of the tongue and artificial respiration to be first employed. Necessity of having everyone understand the necessity of system in the application of resuscitation methods. As methods of last resort the method of Prus, intratracheal insufflation of air, etc.

17. "The Use of the Colpeurynter in Obstetric Practice." J. B. DeLee, Chicago.

Synopsis: Brief history of rubber bags in obstetrics.

1. Indications.

a. Induction of premature labor.

- b. To hasten delivery.
- c. To prepare parts for rapid delivery.
- d. Cervical stenosis or rigidity.
- e. Weak pains.
- f. Dry labor.
- g. Shoulder presentations.
- h. Prolapsed cord.
- i. Placenta previa.
2. Method.

19. "Transverse Arrest of the Head an Indication for Forceps." C. B. Reed, Chicago.

Synopsis:

1. Frequency.
2. Vaginal findings and description of the presentation.
3. Etiology, diagnosis, possible termination.
4. Danger for mother and child.
5. Duration of second stage.
6. Treatment, posture, manually, etc.
 - a. Indications for interference.
 - b. Necessity for accurate diagnosis.
7. Peculiarity in application of forceps and method of delivery.

20. "The Care of the Perineum During Labor and the Puerperium, Based on the Study of Five Hundred and Fourteen Cases." Effa V. Davis, Chicago.

Synopsis: Review of the various methods advocated for preservation of the perineum in labor.

The per cent of ruptures. Elements involved in their production.

The author's methods and results. Repair and after-treatment.

21. "The Management of Post-Partum Hemorrhages." C. S. Bacon.

22. "The Use of the Curette in Puerperal Sepsis." George L. Eyster, Rock Island.

Two prime forms of puerperal infection, putrid and septic, in the one the curette, a most efficient means of treatment, in the other its use fraught with danger.

23. "The General Practitioner and His Surgery." W. C. Bowers, Decatur.

The study of medicine for general practice should be broad and thorough. It should be undertaken with nothing less than a high school education, or its equivalent.

College work in medicine twenty years ago and now. All men who love the profession of medicine wish to succeed in practice. Cultivate shrewdness, discernment and a scientific habit of mind. Tendency to stagnate and rust after graduation.

Internship in a hospital is greatly to be desired. If not procurable then do post-graduate study nearly every year. I am not sure, but this should be compulsory within certain limits.

Every man in medicine is expected by the public to do at least minor surgery. If not born surgeons, we should be good imitators of good surgeons.

Being well learned in medical and surgical diagnosis and pathology is essential to good work, even in minor surgery.

The general practitioner should feel his way carefully into surgery, as mistakes in surgery

are usually more grave than in medicine, hence responsibility is greater.

The crudeness of methods in surgery and lack of knowledge of anaesthesia among those in general practice is frequently appalling. Cases: Supposed fracture of humerus, abscess of pleura following shot wound of chest, fractured spine, amputation of leg, perineorrhaphy, pyometria. 24. "Dacryocystitis." E. E. Clark, Danville.

In pathological conditions of the lachrymal apparatus less reference is made to dacryocystitis than other other. The last copy of the year book on diseases of the eye, ear, nose and throat devotes but four pages to the entire lachrymal apparatus and only about three paragraphs to purulent conditions. One year's file of the Cincinnati Lancet Clinic does not have a single original paper on this trouble, and two years of the Annals of Ophthalmology are without reference to the subject except for a few short abstracts.

Dacryocystitis and its complications can give the physician more anxiety and annoyance than any other comparatively small condition about the eye.

The factors and associate conditions leading up to this condition are interesting and deserving of much consideration.

That Dacryocystitis is perplexing is evidenced by the fact that we are still grasping after something better.

As to treatment, Chloride of Zinc has, so far as my experience goes, given me amazing results.

Before using this remedy myself I had never heard its use talked of or written about, but some time after some of my own favorable experiences I saw a brief abstract of an article by Froelich who employed the same treatment I had been using and with gratifying results.

The magical results obtained in my first case under this treatment was reported some four years ago to the Vermillion County Medical Society with subsequent reports on other cases as they came up.

My first case was one of three years standing which I had treated for three months with no improvement, I was getting tired and so was the patient, so I concluded to try a 20 per cent. solution of zinc Ch'or. about three drops nearly as I could estimate injected into the sack. Next day I had a pretty violent reaction, but the single treatment brought about in a few days a complete and absolute restoration of all the functions of the drainage system.

Subsequent cases treated with solutions of less strength have given me results that make me enthusiastic in favor of this treatment.

I am much inclined to believe that results are to be had from cataphoresis and electrolysis, however my experience in this line has not yet been extensive enough to warrant a very positive opinion.

25. "Ophthalmia Neonatorum." I. L. Firebaugh, Robinson.

Importance of the subject.

Is there a lack of understanding of the subject by the general profession?

If so, why?

The remedy.

Treatment.

2. "Nephritic Eye Lesions" W. O. Nance, Chicago.

Synopsis: Ocular affections dependent on kidney disease of not infrequent occurrence. Every vascular structure of the eye may be involved. Edematous infiltration of lids. Chemosis. Vitreous hemorrhages. Paresis of extrinsic muscles. Interference with action of ciliary muscle. Iritis. Cataract. Neuro-retinitis nephritica. Last-named conditions of greatest importance. Ophthalmoscopic description. Most common in granular or contracted kidney. Unilateral involvement rare. Effect on vision. Progress of disease. Prognostic significance. Uremic amaurosis

27. "Voluntary Nystagmus (?)" J. Whitefield Smith, Bloomington.

The suggestion of a name for this unique phenomenon.

The report of a case. Reference to Dr. Gamble's case. Dr. Noyes' case

The existence of definite centers of co-ordination for ocular movements

Physiological experiment.

The co-ordinating nervous mechanism.

Afferent visual impulses. Efferent impulses. Volitional impulses.

The reflex character of the centers of co-ordination.

The ability to move one eye independently of the other. Dr. Colburn's case.

The Kinaesthetic or psycho-motor centers of the cortex, in the region of the precentral sulcus, give rise to volitional impulses, for the contraction of the ocular muscles.

28. "Congenital Dislocation of Hips, with Report of a Case." E. H. Ochsner, Chicago.

Synopsis: Short review of the history of the treatment of congenital dislocation of hips, with special reference to the Lorenz functional weight method. The history of a case treated by this method given in detail. The demonstration of the pelvis, obtained three years after reduction, and about one year after complete recovery.

29. "Ambulatory Treatment of Fracture of Femur." W. A. Kuffewski, Chicago.

a. Anatomy.

b. Etiology.

c. Pathology.

d. Repair.

e. Symptoms.

f. Diagnosis.

g. Treatment.

1. Buck's extensions.

2. Hodgens' splint.

3. Sayre-Phelps' hip splints, etc.

4. Ambulatory treatment of all fractures of femur.

5. Report of cases.

30. "A Plea for the Conservation of the Uterus in Pelvic Hemorrhage." O. Beverly Campbell, Chicago.

Abstract: The routine practice of removing the uterus in pelvic inflammation should be condemned as the needless sacrifice of an organ which will recover, at least symptomatically,

if properly treated. Hysterectomy should be the exceptional practice in pelvic inflammation, only warrantable where the uterus is hopelessly diseased. The advocates of the method are fortified in their position by the pathologic findings in the uteri of women affected with pelvic inflammation. Thus from a pathologic standpoint, the metritic uterus rarely undergoes perfect resolution under any system of treatment; therefore its removal is deemed justifiable. The simple fact, as demonstrated pathologically, that an organ once the seat of a septic process may never resume its normal condition, does not argue that it must necessarily be removed, providing it does not affect the health and comfort of its possessor. The fault need not be ascribed to pathology, but to failure to associate living pathology with clinical study and the processes of repair. The ambition of surgeons to originate methods and establish their practice must be held responsible for practices which are often deleterious to the best interests of medical science; and yet, as history will verify, time only can eradicate. The ease with which a method may be practiced, has very much to do with the establishment of its popularity, the wisdom of its practice oftentimes being nearly, if not altogether, overlooked. The advent of the Trendelenburg position and the large incision rendered abdominal hysterectomy comparatively easy of accomplishment. The completeness and beauty of the method of supravaginal hysterectomy, by the aid of the Trendelenburg position, in inflammatory conditions of the appendages, has a charm connected with it which may overshadow the necessity of the procedure. When the vaginal route is selected through which to operate in pelvic inflammation, the uterus is often sacrificed in obtaining room through which to successfully remove the inflamed appendages. The vaginal route in pronounced cases of pelvic inflammation, except for drainage, does not admit of conservative work. The suprapubic route offers superior advantages in doing conservative work in pelvic inflammation, the operator being afforded an opportunity to inspect the different structures, to tie off and break up adhesions, and cover raw surfaces.

The essayist then presents arguments at length in favor of the conservation of the uterus.

Conclusions. He deems it incumbent upon those who practice the radical method of removing the uterus in pelvic inflammation to show just cause for their practice. It must be shown from clinical evidence gathered from every available source that the pathology in the uterus in pelvic inflammation is so extensive that resolution does not occur, and its presence is a menace to the health and comfort of its possessor regardless of palliative measures. It must be shown conclusively that the uterus is devoid of function when the appendages are removed. The mere assertion that the uterus is absolutely a functionless organ when the ovaries have been removed cannot be accepted as argument. It should be shown that the results, extending over a period of five years, prove that better results are obtained in every particular where the uterus is removed.

30½. "Vaginal Section and Drainage for Pelvic Disease." T. J. Watkins, Chicago.

Synopsis: Technique. In treating selected cases of.

1. Pelvis abscess.
2. Hemaloceti.
3. Broad ligament repulse.
4. Puerperal infection.

Statistics showing results.

31. "The Limitations of Surgery in Gynecology." O. B. Will, Peoria.

This paper is a plea for greater conservatism in gynecological surgery. A conservatism of relative order, having its basis in considerations of surgical physiology, or not alone the immediate, but ultimate effect as well upon the conscious health of the individual, of any given operative procedure.

Ablative surgery is limited in its possibilities only by exhaustion of material, but should be restricted to removal of abnormal products, and along lines of least resistance.

Reparative surgery has its natural limitation in the degree of solution of continuity which creates the demand for it.

It is along lines of what may be called reconstructive surgery, that the most misguided and ill-considered surgical enterprise is shown. It constitutes a field of operative procedure in which the changes are constantly being rung without proper regard for either the moral, anatomic or physiologic principles involved. This is too often illustrated in the mere exchange of one sensory evil for another; in nervous and mental debasement, without any compensating advantage.

The chief point made is that too much influence is relegated to mechanical states, with corresponding neglect of integral tissue conditions, upon which more than upon anything else depends the pathological manifestations. It is contended that as an aid to the restoration of normal conditions, temporary mechanical and positional influences are as valuable as are the numerous operative re-adjustments, without the subsequent functional disarrangements incident to the latter.

32. "Hemostasis of the Broad Ligament." Henry P. Newman, Chicago.

Synopsis: Ideal hemostasis should insure.

1. Absolute security against hemorrhage, primary and secondary.

2. Protection against septic contamination.

3. The minimum of injury to the parts treated.

4. Absence of foreign bodies from the wound. Objections to the conventional ligature.

Experience with the angiotribe; its advantages and disadvantages.

The author's pressure clamp and method.

Use of the re-enforcing small catgut ligature on the ovarian and uterine artery. The author insists upon the manner of placing this ligature as securing exceptional results.

The claims for the combined method are:

a. Complete and permanent hemostasis, with no possibility of slipping off the ligature.

b. Prevention of hematoma and hemocele.

c. No puckering or massing of broad liga-

ment tissue to draw upon or displace other organs or structures.

d. No strangulated stump tissue remains to slough, granulate and form adhesions.

e. A neat linear stump.

f. The amount of foreign matter left in the wound is reduced to a minimum.

g. Convalescence materially eased and hastened.

38. "The Unsurgical Features of Vaginal Hysterectomy." S. C. Stremmel, Macomb.

The unsurgical features of vaginal hysterectomy are forceps, silk ligatures, which almost invariably become infected, and an open wound between vagina and peritoneum.

34. "Treatment of Pleural Effusions by Continuous Aspirations." Weller Van Hook, Chicago.

Synopsis: Method of treating pleural effusions are unsatisfactory for a variety of reasons. Continuous aspirations by method of Perthes are not subject to these objections. Description of writer's modification of Perthes' apparatus. Report of observations.

35. "Interesting Laparotomy, with Exhibition of Specimens." Frank Jacob, Chicago.

36. "Tetanus—A Case—Recovery." Frank E. Wallace, Monmouth.

The disease is produced by a germ admitted through a wound and most generally follows uncleanness. The incubation period varies, 1st, because of the germ being anaerobic; 2d, because of individual susceptibility. It is the toxines which produces the symptoms and not the germs. It acts through the nervous system and produces characteristic symptoms.

The toxines are only absorbed through the vascular system and not from the intestinal tract.

There may not be any local manifestations of infection. Pronounced trismus seems to be the only sign pathognomonic of the disease.

The treatment is based on the following principles: 1st. Removal of germs at point of infection. 2d. Elimination of toxines. 3d. Neutralization of toxines. 4th. Control of spasms. 5th. Sustaining the patient's strength.

Cleanliness is paramount in dressing surgical cases.

Primary injections of at least 500 units of antitoxine serum. Serum acts rather as an immunizing agent than a curative one.

Serum of no avail in tetanus puerperalis.

Intra cerebral injection of serum is justifiable.

The later the onset of symptoms the better the chances of recovery.

Science should determine the exact amount of antitoxine serum to use in any given case.

Decrease in mortality.

38. "Surgical Tuberculosis." T. N. Rafferty, Robinson.

Abstract: A new and very important department in surgery, has been created by the recognition by Lawrence in 1826, of the in-

oculability of tuberculosis, and Koch's discovery in 1882, of the bacillus tuberculosis.

The disease is now recognized in nearly all its forms and wherever found as a surgical disease. This recognition, based on present knowledge of its pathology, has placed its surgical treatment on a firm basis, not yet fully appreciated or positively fixed.

Varieties of tubercular disease and different parts and organs of the body attacked by it, with proper surgical treatment for each. The largest part of paper is devoted to lung surgery, and surgical treatment of tubercular peritonitis.

39. "Perineal Excision of the Rectum for Carcinoma." A. E. Halstead, Chicago.

40. "Remarks upon the Treatment of the More Common Skin Diseases." E. A. Fischkin, Chicago.

Synopsis: Table of some 3,000 cases treated. General deductions.

The treatment of eczema, acne vulgaris, psoriasis, cutaneous syphilis, impetigo contagiosa, the dermatomycoses.

41. "Hemorrhoids: Their Pathology, Indications for and Technique of Operative Treatment." J. Rawson Pennington, Chicago.

Synopsis: Definition. Varieties. Their residence, and principal etiologic and pathologic factors.

Advantages of the extraanal—vis a tergo—method of operating over that of the intraanal—vis a fronte—method.

Conditions governing operative interference. Infiltration or general anesthesia used.

Technique of method used.

42. "Congenital Phimosiis." C. C. Hunt, Dixon.

Phimosiis means a "muzzling," a "closure." It is a term usually applied to an elongated prepuce of the male associated with a contracted preputial orifice. Preputial orifice normally narrow in the new born, mucous membrane of prepuce and that of glans normally adherent, and foreskin cannot be retracted over glans without undue force. Separation of these normally adherent surfaces takes place in early childhood. No surgical interference necessary so long as these normal conditions prevail. Religious rite of circumcision not good surgery. Its imitation on the part of practitioners of today is entirely too common, and is reprehensible. No surgery necessary unless the functions of the organ are impaired, or some otherwise incurable pathological condition exists. The reflex influences of a narrowed prepuce has been greatly exaggerated. Surgical interference when indicated at all should be the simplest possible. Spitting of the prepuce and uniting the edges of mucous membrane and integument all that is necessary in the vast majority of cases. The evolution of the organ by the natural processes of growth usually rights conditions, either really or apparently abnormal, if parts are kept clean and we have the patience to await the establishment of adolescence. Removal of redundant foreskin not warranted

unless redundancy extreme, an exceedingly rare condition. The indiscriminate amputation of redundant foreskins should be condemned.

SECTION THREE.

"Etiology, Hygiene, Pathology, State Medicine and Medical Jurisprudence."

J. M. Wilcox, Chairman.....Clinton
W. K. Newcomb, Secretary.....Champaign

Address—"A Country Doctor's Contribution to Preventive Medicine." Charles B. Johnson, Champaign.

1. "What Should be the Attitude of the Medical Profession Toward the Secular Press." J. W. Pettit, Ottawa.

2. "The Differentiation of Human from Animal Blood." W. A. Evans, and Adolph Gehrman, Chicago.

3. "The Conduct or Management of a Charity Hospital." Denslow Lewis, Chicago.

4. "The Illegitimate Child." Hastings H. Hart, Chicago.

5. "The Work of the State Board of Health." Warwick A. Shaw, Chicago.

6. "The Control of Vaccines, Antitoxins and Biological Products." A. Gehrman, Chicago.

2. "The Differentiation of Human from Animal Blood, Especially for Medico-Legal Purposes." W. A. Evans, and Adolph Gehrman, Chicago.

History: The measurement of corpuscles. Crystals-Staining of Leucocytes, Bordet's-Ziemke's, Uhlenhuth's, Wasserman's, Schutze.

The principle involved in the specific precipitin method. Kindred blood properties.

Technique of preparation of the serum.

(a) Intravenous injection.

(b) Intraperitoneal injection.

(c) Subcutaneous injection. Animals used.

Technique of preparation of suspected material, Solvents.

Technique of application of the test.

Proportions, Precautions.

Limitations of the test.

Field of the test.

4. "The Illegitimate Child." H. H. Hart, Chicago.

Four parties are to be considered, the child, the mother, the father and the community. The child as an innocent, helpless party, entitled to safe birth, skilled care, proper nutrition and a fair start in life; the mother as the responsible parent and also as an errant member of the community who should be so guarded and guided as to restore her to right living and thus protect the community; the father as a responsible party who should be made, if possible, to recognize and meet his responsibility; the community as entitled to all possible protection from the social ills which tend to result from illegitimacy.

The medical profession are deeply concerned

in this matter because they are invariably brought into these cases and they stand in the position of representatives of the community at large who are called upon to discharge the most important responsibilities in these cases.

Local Societies.

The Kankakee County Medical Society elected officers at the meeting held last December.

President, Chas. True, Vice-President, V. Podstata, Secretary and Treasurer, Henry H. Rogers.

Henry H. Rogers,
Official Reporter.

The Chicago Academy of Medicine at the meeting April 15 elected F. W. Reilly chairman. He announced that Dr. Wynkoop of the Chicago Health Department had demonstrated that the prevalent epidemic of Pink Eye was a specific form of conjunctivitis due to the grip bacillus and requiring antiseptic treatment. Russian researches of later date had corroborated this finding of the Chicago Health Department.

D. R. Brower opened a discussion on Degeneracy, calling attention to the co-existence of aural, jaw, teeth, and other marked bodily defects with grave mental and moral twists and defects. The ear as had been long ago pointed by Morel was most markedly stigmatized by degeneracy. Paranoia, epilepsy, the recurrent and periodic insanities, the moral and mental inebilities, idiocy, and allied states were among the most marked mental expressions of degeneracy. Degeneracy often revealed itself in original lack of balance exhibited in more or less serious and permanent mental abortion or in erratic break downs occurring from time to time. Hysteria was often an expression of degeneracy characterized by the nerve instability of the other types.

A. E. Baldwin was of the opinion that most definitions of degeneracy were by no means clear, and furthermore that certain standards were needed for comparison.

E. S. Talbot took the ground that degeneracy was a biologic process of disintegration, the reverse of integration. The scope of degeneracy was often limited to certain signs which were its sole expression. These signs (stigmata as they were early called) might be the only expression of degeneracy. Their significance had to be determined by a careful examination of the organism in which they were found since stigmata might be merely defects produced by degeneracy or might indicate how deeply such degeneracy had penetrated. In proportion to the depths of degeneracy in the organism would the stigmata affect the earlier simpler or later complicated acquisitions. Of necessity when the organism was affected by degeneracy the abnormal element would take the line of least resistance as determined by the depth of degeneracy as well as the variability of the structure concerned. The face had become a variable structure since its contest for existence with the

brain had caused the jaws and face to assume what (for food and defense purposes) was a lower type although as regard to existing functions and the higher standpoint of environment, this type was the higher. As the face and jaws were continually being sacrificed for the benefit of the brain, this sacrifice must be considered as a degeneracy of a part for the benefit of a complex whole. This condition occurred under the law of economy of growth long ago pointed out by Aristotle and cleared from obscurity by Goethe.

A. C. Cotton was particularly interested in the subject from the standpoint of paediatric prognosis. He would like to know how the biology of the degenerate under five compared with that of the normal individual. Like Dr. Baldwin he had felt the necessity for clearer definitions and those usually given.

W. G. Stearns stated that norms, as his researches had shown, could be established only by comparison of individuals of the same race. Some later opponents of the doctrine of degeneracy were guilty of assuming that degeneracy of the morbid type necessarily implied a mental or moral twist. This was not the case; it very frequently implied merely a predisposition to morbid action either in the lower or higher nerve centers or in the functions or structure of some organs.

C. S. Hallberg called attention to the fact that degenerates with a paranoiac twist often passed examinations, only revealing their twist when this was irritated by a seeming insult to their imagined dignity.

J. G. Kiernan stated that degeneracy was a necessary and often salutary phase of embryonic evolution. Structures which appeared during embryonic life useless to the future being were swept away by degeneracy for the benefit of the embryo as a whole. When through arrested development, the influence of degeneracy on the lower structures was checked, it attacked the higher structures. Degeneracy might equally be shown in a defective liver or kidney as in a defective brain. It did not as Morel pointed out half a century ago, necessarily imply defective mentality and morality. Moreau had shown that degeneracy expressed itself in: First, absence of conception; second, retardation of conception; third, imperfect conception; fourth, incomplete products (monstrosities); fifth, products whose mental, moral and physical constitution is imperfect; sixth, products specially exposed to nervous disorders; seventh, lymphatic products; eighth, products which die in infancy in a greater proportion than sound infants under like conditions; ninth, products which although they escape the stress of infancy are less adapted than others to resist disease and death.

G. F. Butler was of opinion that too much stress had been laid on the criminal side of degeneracy to the neglect of its physical side. Environment at the plastic periods of childhood and puberty might favorably influence the mental and moral aspects. As a rule, degeneracy expressed itself in a want of balance rather than in actual deficiency.

J. G. Kiernan,
Official Reporter.

Chicago German Medical Society. Meeting November 29th with Dr. Futterer in the chair.

Meeting taken up with discussion of paper of Dr. Ochsner, read at previous meeting, on **Appendicitis**.

Dr. Futterer spoke of cases where during the first few days the pain was confined to epigastrium only.

Drs. Fenger, H. W. Allport, George Morgenthau, A. H. Geiger, O. L. Schmidt, H. T. Patrick, M. L. Harris, D'Orsay Hecht were elected to membership.

Dr. Dopfner spoke at length to the effect that operation in every case of appendicitis is folly, inasmuch as the latest and best statistics show only 1,070 mortality under medical treatment.

Dr. Williamson spoke of two cases of diffuse purulent peritonitis without leucocytosis. The explanation of this is to be found in the fact than in order to develop a leucocytosis, two things are necessary. 1st. A disease capable of stimulating the haematopoietic organs; 2d A patient capable of reaction. In these most severe and fatal cases, the patient can no longer react in the sense of producing a leucocytosis. Dr. Williamson himself was recently the subject of appendicitis, in his cases, pain in stomach was the only symptom present, though at operation a large abscess was found.

Dr. Ochsner spoke a few words closing the discussion.

Dr. Futterer spoke of the value of gaultheria in 25 m. doses in the colic pains.

Meeting of December 12th, with President Futterer in the chair.

After a lengthy discussion, a motion was unanimously adopted, barring all graduates of homeopathic, eclectic and other irregular schools from membership in the Society, unless they shall have studied and graduated in due course from a regular medical college. The essay of the evening was on **Muscular insufficiency of the mitral** by Dr. Charles Spencer Williamson. The length of the paper precludes a summary here. The paper in full will appear in English in the Journal of the American Medical Association.

In the discussion Dr. Futterer agreed with the essayist in that it is not possible to conclude from an arteriosclerosis of the radials that the central arteries as well are affected. He further shared the essayist's opinion that clinical observation on the cardiac muscle cannot always be verified pathologically. There are weakened states of the myocardium which the present histological technique cannot discover. He believes all the valves may become insufficient (relatively). In closing Dr. Williamson insisted on the rarity of a true relative mitral insufficiency and of the slight value of syphygmograms in these cases.

Dr. Holinger read a paper on **"The Lymphatics of the neck."** A report will appear in the N. Y. Medical Wochenschrift.

Meeting of Jan. 16th, President pro tem Dr. Schirmer. Dr. Emil Ries demonstrated specimens of **Uterus Carcinoma, removed by laparotomy** the technique being that recommended by him as the real radical operation, in which the broad ligaments, sacro-uterine ileo sacral

glands are removed. He believes this to be the only rational procedure, as even in early cases, serial sections show: Primary metastases where none are seen microscopically. Dr. Ries demonstrated a case of gall stones where patient had passed a stone the size of a walnut, but was never icteric. He assumes abnormal fistulae in all such cases.

A. C. Klebs reported a case of a woman with evening temperature of 108-110, in whom after excluding all possible deception, he is inclined to make the diagnosis of **hysterical fever**. After two or three weeks, the temperature fell to 102-103 in the evening.

Meeting of January 30th, President Futterer. Albert Hale read a paper on **phlegmon of the orbit**. Dr. Memelsdorf and Dr. Doepfner took part in the discussion.

Dr. Saurenhaus read a paper on **hemorrhages in pregnancy**.

Dr. Kolischer spoke at length on the **treatment of abortion**, warning especially against curettage except where imperatively indicated.

Dr. Saurenhaus closed the discussion on his paper emphasizing the necessity for waiting and not immediately removing the placenta in placenta praevia, after the foetus is delivered.

Meeting of February 13th, President Futterer in the chair.

Dr. Decker demonstrated a new induction apparatus for roentgen rays.

Dr. Kolischer, made a few remarks on the diagnosis of **ureteral diseases and kidney stones**.

Dr. Ries spoke of the immunity which the ureters seem to possess against invasion by carcinomata. Dr. Futterer possesses a specimen of double ureter completely imbedded in carcinomatous tissue, they themselves being free.

Meeting of Jany. 27th, President pro tem, Dr. Schirmer was postponed because of only nine members being present.

Meeting of March 13th with President Futterer in the chair.

M. L. Harris read a paper on **extirpation of Ganglion gasserii**.

Dr. Harris further reported a case of **apparently light appendicitis with hepatic abscesses**.

In the discussion, it was brought out by Drs. Hegen, Doepfner and Halstead that a partial restoration of sensation is the rule after Gasserian extirpations.

Dr. Futterer spoke of the rarity of liver abscess following appendicitis.

Dr. Fischkin read a paper on the **Welander treatment of syphilis**.

A joint meeting of the **Chicago Medical and Chicago Neurological Societies** was held on Wednesday evening, April 2d, for the discussion of "Neuritis."

Program.

1. Definition and General Pathology. Its Etiology, Including Special Diseases Producing Neuritis.

Archibald Church

2. Its Symptomatology, Diagnosis and Differential Diagnosis.

Sydney Kuh

3. Neuritis of Special Nerves, as the 3d, 5th, Facial, Intercostal, Sciatic; also, Multiple Neuritis, Beri-beri, etc.

Oscar A. King

4. Its Treatment other than Surgical.

Elbert Wing

5. Its Surgical Treatment. Weller VanHook
- The Membership Committee reported on the following applications: F. A. Dwight, Laura Colby Price, Chas. W. Behm, W. A. Bieringer, R. J. Ough, A. Kouzelman and Edgar S. Bell.

Notice has been given of a proposed change in the Constitution to amend Article VII, Section 2, to read as follows: "Any regular physician of good standing in the profession who is a resident of Cook County, Ill., shall be eligible to membership."

April 9th—Program.

Chicago Medical Society. The semi-centennial meeting was held in the Auditorium Hotel and was preceded by a banquet by way of celebration of that event.

The program included an address on the etiology and spread of typhoid fever, Victor C. Vaughan, Ann Arbor, Mich.

Address on organization of the Medical Profession, J. T. McAnally, Carbondale, Ill., President State Medical Society.

Brief Reminiscences of the Origin and growth of the Society, N. S. Davis, Sr., Ex-President, 1854; DeLaskie Miller, Ex-President, 1856.

A Tribute to the late President, Christian Fenger; Frank Billings.

The Membership Committee reported on the following applications: R. H. Brown, N. W. Abell, K. A. Zurawski, V. R. Soliday, A. Reed and Wilbur Mackenzie.

April 16th—Program.

1. Fallacies of Cystoscopy. L. E. Schmidt
2. Report of a Case of Severe Anemia with Enlarged Spleen in an Infant.

F. S. Churchill

3. Prevention of Conception. Criticisms of Some Methods. G. Kolisher

4. Deep Transverse Arrest as an Indication for Forceps. C. B. Reed

5. Concerning a New Series of Synthetic Salts. The Nucleids of Iron, Copper, Mercury and Silver. E. R. Larned

6. Treatment of Stammering and Stuttering. J. M. Brown

The Membership Committee reported on the applications of Dudley Jackson, H. A. Watson, G. E. Baxter, I. Sher and O. Tydings.

Calhoun County Medical Society.

Editor Illinois Medical Journal.

Sir: Not long since I wrote you concerning "smallpox" in Calhoun. Last week, E. F. Barker inspector of State Board of Health, visited our county and confirmed the report. There are now upward of 40 cases reported, but of a very mild form. Proper steps have been taken to prevent the spread and stamp it out. In the vicinity of Kampsville we have no cases to report, owing to the thoroughness of vaccination in last two years. We think the Society organization plan stated in your last Journal very good, and hope to see the day that

the profession will have a perfect organization. Calhoun County Medical Society will be right in line for the progress.

Respectfully,

T. O. Hardesty.

Official Reporter.

The Aesculapian Society of the Wabash Valley meets at Mattoon, May 8. An invitation to attend the sessions of this veteran organization is extended to all practitioners in the Wabash Valley.

H. McKennan,

Official Reporter.

The Vermilion County Medical Society met Monday evening the 14th of April in the city hall, Danville. Called to order by the president. Minutes of the March meeting read and adopted.

The name of J. G. Fisher was proposed for membership.

The papers of the evening was on **disorders of digestion**. The physiology was taken up by E. A. Johnston, symptomology by C. E. Wilkinson, and the treatment by W. A. Cochran. The cases reported bearing on this subject brought out a valuable discussion.

E. E. Clark was appointed a delegate to the State Society meeting at Quincy with C. E. Wilkinson alternate.

There being no farther business the Society adjourned to the May meeting.

E. E. Clark,

Official Reporter.

The DeWitt County Medical Society convened in county court room, Clinton, Ill., April 8th, at one o'clock P. M. A. E. Campbell, president in the chair.

J. C. Myers, chairman of a committee to devise a fee-bill, reported a bill which on motion was received by the Society. After a critical examination and many amendments to the bill it was adopted as a whole by the Society.

On motion the election of officers of the Society was deferred until the July meeting. Dr. McMackin, vice-president, exhibited a case of syphilis in the second stage for examination.

The following members were appointed delegates to the State Society: J. M. Wilcox, W. E. McClelland, and Starkey with instructions to select their own alternates.

On motion the Society adjourned to meet the second Tuesday in July.

J. H. Tyler,

Official Reporter.

The Knox County Medical Society was organized at Galesburg, April 22, 1902, with 20 charter members. The officers elected were:

President, Lewis Becker, Knoxville; vice-president, G. A. Longbrake, Galesburg; secretary, G. S. Bower, Galesburg; treasurer, Fred G. Ha'l, Galesburg.

Various committees and delegates to the State meeting will be appointed later by the president.

Meeting entirely harmonious. Prospect bright. We should get 50 to 60 regular physicians in the organization.

The Southwestern Medical Society held its 19th regular meeting at Grace Cafe, 540 and 542 West 63d street, Tuesday evening, April 8th.

The attendance was 35 physicians.

The Society listened to very interesting reports of cases by various ones present.

F. R. Green reported an autopsy made on a patient who had two years prior to death been operated for the removal of what proved to be an endothelioma of the sternum, in which the entire sternum except the ensiform appendix was removed, together with three of the costal cartilages on either side. The only accident during the operation was the opening of the internal mammary artery on the right side. The growth began to return in a year and a half and in a month she died.

C. F. Weir reported an apparent improvement in a case of carcinoma of the oesophagus, treated by X rays. Case is still improving in every respect.

Dr. Fowler reported a case of multiple fractures resulting from metastatic sarcomas.

C. H. Miller reported a case of Gall Stones in which the diagnosis was not positively made until operation, when 87 large stones were removed. Patient had never been troubled until two weeks before the operation, except by what he thought was indigestion.

Respectfully

Thos. C. McGonagle,
Official Reporter.

The Edwards County Medical Society.

Pursuant to a call the physicians of Edwards County met at Albion, April 8, 1902, and organized a county medical society with Wm. E. Buxton of Samsville, president, and J. H. Lacey, of Albion, secretary. H. C. Moss, Albion; J. L. McCormack, Bone Gap, and S. R. Harwood, Elley, were elected a board of censors.

J. H. Lacey,
Official Reporter.

The Will County Medical Society held a regular monthly meeting March 11th. A banquet was served at "Hobbs." Prof. J. B. Herrick of Chicago delivered an address on the Heart and its diseases. The address was followed by a general discussion.

Those present were T. H. Wagner, W. H. Curtis, H. S. Worthley, H. A. Patterson, M. K. Bowles, L. Brannon, Wm. Richards, Wm. Dougall, M. F. Williamson, M. Cushing, H. W. Woodruff, W. B. Stewart, J. A. Clyne, A. J. Tennon, V. J. Cohenoor.

The Society passed resolutions relative to the death of Smith T. Ferguson:

Smith T. Ferguson, M. D., was born in Auburn, N. Y., March 7, 1845; died January 10th, 1902, at his home No. 1200 Cass Street, Joliet, Illinois.

He graduated as a Doctor of medicine from Rush Medical College with his class in 1865. Previous to his graduation he was commissioned assistant surgeon of the 138th Regiment, Illinois Infantry and during his service he contracted disease—chronic diarrhoea and hemorrhoids—which seriously impaired his vital resistance for the rest of his life. Over half of his active professional life was spent in country practice

in Grundy county, Illinois. In 1888 he removed to Joliet and in 1889 was appointed physician of the Northern Illinois State Penitentiary and served in this capacity with credit to himself and honor to the profession of medicine for four years. In 1897 he was again appointed prison physician and resigned after over a year's service. He joined this Society, May 26, 1890, and was its president in 1894. These dates are but a few incidents marking the beginning and ending of a busy strenuous life the greater portion of which was passed in battling for humanity against suffering, disease and death. It is only his fraters that are left behind who can realize and appreciate his arduous labors, the midnight rides over stormy, dangerous roads often cold and hungry and the wearisome watches by the bedside of the sick and dying.

Resolved, That, not only has this Society, but the medical profession lost by the death of Doctor Ferguson, an honored co-laborer and this community a kind, skillful, sympathizing physician and friend.

Resolved, That we deeply sympathize with the widow of our deceased brother and commend her in her sad hours of affliction and grief to the care of "the Great Physician" who alone is able to bind up and heal these broken "tender ties closetwisted with the fibres of the heart."

Wm. M. Richards,
William Dougall,
Committee.

Herbert S. Worthley,
Official Reporter.

The Stephenson County Society of Physicians and Surgeons met in regular quarterly session at Freeport, Ill., April 10th, at 2 P. M. with S. C. Thompson in the chair.

W. B. Martin and W. A. Gray of Freeport were elected to membership and the names of Drs. Read and Cook of Winslow, were read and referred to the board of censors according to rules.

The committee on fee bill, appointed at last meeting made a report and the same was accepted and the schedule as presented, adopted as the fee bill for Stephenson County.

J. H. Stealy of Freeport read a paper, "A plea for a more accurate diagnosis of cholelithiasis."

A committee of five were appointed to assist the president in arranging for next meeting.

J. H. Stealy was elected to represent the Society at the State meeting to be held in Quincy, and S. C. Thompson as alternate.

There being no other business before the house the meeting adjourned.

Robert J. Burns,
Official Reporter.

The Pope County Medical Society met March 26, 1902.

It may be of interest to some, to know what the physicians of this part of Egypt, (Pope County) are doing in the way of organization.

Dr. McAnally of Carbondale, president of the Illinois State Medical Society, met with us at the office of H. W. McCoy, in Golconda,

on the 25th inst. and very kindly assisted us in re-organizing our County Medical Society.

Jas. W. Dixon of Hartsville, was chosen president for the ensuing year. Thos. R. Clark of Golconda, vice-president and W. S. Dixon of Rosebud, secretary and treasurer.

This gives us a hope for a strong county organization.

The following physicians were present and promised their support to strengthen our Society and the profession in general:

E. S. Barger, A. Glass and J. D. Hart, of Eddyville, H. W. McCoy, Thos. H. Clark and J. A. Koch of Golconda, Jas. W. Dixon of Hartsville, W. S. Dixon of Rosebud, Ezra Peters of Brownfield, J. T. McAnally of Carbondale, was elected to honorary membership.

We hope to have every physician in the county with us soon.

Let the work of organization press on.

W. S. Dixon,

Official Reporter.

The Medical Association of Rock Island County held their regular monthly meeting on Thursday evening, March 20th, in the parlors of the Harper House, Rock Island, with the usual numbers of physicians present.

The following very interesting papers were read:

Neuraesthesia, Dr. Sargent, Moline, and Some Pathological Conditions relieved by Circumcision, C. T. Foote, Rock Island.

These papers were very freely discussed.

J. E. Asay, Rock Island, and T. J. Lamping, leading the discussion in which all present participated.

The following physicians were elected to membership:

J. E. Rankin, Watertown, J. H. Long, East Moline, J. H. Bandle, Illinois City, M. L. Huntington, Moline, S. H. Brandt, Moline, H. D. Browning, Moline.

After a social half hour spent in the discussion of subjects of general interest to the profession the Association adjourned to meet in Moline in April.

Joseph DeSilva,

Official Reporter.

The Alton Medical Society held its regular monthly meeting on Thursday night, March 20th. There were present Drs. Davis, Fisher, Halliburton, Lemen, Wilkinson, Worden and Yerkes.

The newly elected president of the Society T. P. Yerkes, read a very interesting paper **Criminal Abortion**, in which he set forth the following principles:

Setting aside all the technicalities of the term "abortion," we might consider it as applied to the delivery of the foetus at any time prior to its intra-uterine maturity. Criminal abortion is criminal delivery prior to maturity. It has been legally defined as, any person, who does any act calculated to prevent a child from being born alive, is guilty of abortion." The intention constitutes the crime, not the means employed. The medical profession looks upon it as one of the most heinous crimes, and he who is guilty of such a crime could never be received into any medical society; or if

already a member, his expulsion would quickly follow. Production of abortion or of premature labor by the members of the medical profession is, however, sometimes justifiable when the life of the mother can be saved by no other procedure. But the conditions which justify such a radical procedure are not numerous.

There are many drugs used to produce abortion, but none of them are effective except occasionally and then only through their injurious actions upon other organs or upon the entire system.

The only preventive from criminal abortions is the proper education of both boys and, men and women against its immorality and its crime against the laws of our commonwealth.

Geo. E. Wilkinson,

Official Reporter.

The Jersey County Medical Society held its 40th annual meeting at the court house in Jerseyville, April 2, 1902, President J. S. Williams in the chair.

Minutes of the December meeting were read and approved.

Roll call, John S. Williams, A. K. VanHorne, J. A. Flautt, E. L. H. Barry, Wesley Park, H. R. Gledhill, M. B. Titterington and A. A. Barnett, answered present.

Alexander M. Cheeney being present was invited to participate in the discussions.

The subject of smallpox was introduced by Dr. Barry, and discussed by all the members present.

The name of Alexander M. Cheeney was proposed for membership, favorably reported by board of censors and was duly elected a member of this Society.

Election of officers, for president, A. K. VanHorne; for vice-president, E. L. H. Barry; for secretary, H. R. Gledhill; for censors, J. S. Williams, J. A. Flautt and A. A. Barnett. Delegates to State Society, Drs. Flautt and Titterington, alternates Drs. Waggoner and Cheeney.

Essayists for May meeting, A. A. Shobe and A. A. Barnett.

On motion the Society adjourned to Wednesday, May 7, 1902.

A. K. VanHorne,

Official Reporter.

The Macoupin County Medical Society adopted these resolutions at the A. C. Corr, memorial meeting held in Carlinville, April 4, 1902.

Whereas, In obedience to nature's fixed and unalterable law of life and death, we must part from A. C. Corr, the nestor of our Society, a charter member and one of its constant supporters, more than twenty-five years its secretary.

Resolved, That we mourn his loss as a brother physician, cut down while in active work for the cause of science and humanity.

Resolved, That we escort him to his last resting place to await the coming of the Great Physician, whose touch healeth all sorrow and pain.

Resolved, That a suitable floral emblem be placed upon his bier, as a public testimonial of

our appreciation of his beautiful character as a friend, counsellor and Christian gentleman.

Resolved, That a copy of these resolutions be made of record, and a copy be sent to the bereaved wife and partner.

Resolved, That a copy be sent to the city papers and to the State and National Medical Journals.

The Jacksonville Physician's Club met in regular session, President A. L. Adams, in the chair. The following officers were re-elected for the ensuing three months: President, A. L. Adams; Vice-President, Geo. Edwin Baxter; Treasurer, E. F. Baker.

A. L. Adams read an interesting paper on **Headache**, devoting a considerable part of his time to reading extract from the literature on this subject.

David W. Reid,
Official Reporter.

The McLean County Medical Society met at the city hall April 3, and was called to order by the president. The secretary being absent, H. W. Elder was appointed secretary pro tem. Minutes of the last meeting were read and approved. Board of censors reported favorably on applications of A. F. Kaesar and ——— Absher, and they were duly elected to membership.

Dr. Winter, of Saybrook, reported a case of **measles, complicated with double pneumonia**, in a teething child, two-thirds of right lung hepatized, pulse too fast to count, temperature 106.7. Child recovered.

Dr. Nusbaum reported a case of **pleuro-pneumonia, with pleural effusion** on the right side. Aspirated and obtained one and one-half pints of sero-purulent fluid ten days or two weeks after beginning of sickness. One week later aspirated again with same result in amount of fluid obtained. Temperature normal after first aspiration, but elevated after second. Child felt comfortable, no pain, dullness continues. Doctor asked for opinions of members as to subsequent treatment. Dr. Winter suggests continuous drainage with tube and flushing with anti-septic solution. Drs. Guthrie and Mammen gave their experience in treatment of such cases by aspirating tube drainage and resection of the rib, concurring in the opinion that these means were all applicable in well chosen cases.

Dr. Mammen suggested a printed program for the year with the subjects of each paper and the writer, so that the members could better discuss them.

The following officers for the ensuing year were elected: J. Whitefield Smith, president; Lee Smith, vice president; Ernest S. Reedy, secretary and treasurer. E. Mammen, George Smith, J. K. Hawks, board of censors.

A very interesting and practical paper was read by W. E. Guthrie on "**The Diseases of the Seminal Vesicles**," showing the difference between diseases of these organs and the much abused prostate gland. All present were much interested in the subject as presented by Dr. Guthrie, and the paper was freely discussed by most of the members present.

Members present were: Drs. Chapin, Guthrie, Covington, Nusbaum, Lee Smith, J. Whitefield Smith, F. C. McCormick, Burr, George Smith, Mammen, Winter of Saybrook; Taylor, Beadles, H. W. Elder, G. D. Elder, Bonnett, Hawk, Reedy.

F. C. Vandervort,
Official Reporter.

By E. S. Reedy.

The Pulaski County Medical Society met in regular session at Villa Ridge, Tuesday, April 1, 1902.

Meeting was called to order by President Winstead. Minutes of January meeting read and adopted.

Application of B. F. Crabtree of Pulaski for membership was referred to Board of Censors, who reported on application favorably. A vote was taken and the Doctor was unanimously elected.

The papers were taken up in the following order:—

Treatment of Pneumonia by J. B. Mathis, Sr. The Doctor emphasized the importance of cleaning out the alimentary tract at the beginning of the disease and would give Veratum Viride and aconite when fever is high and pulse fast. This being one of the most dreaded diseases the Doctor has to cope with. The paper was ably discussed by all physicians present.

The next paper was **Prolapsus Uteri, its Causes, Complications and treatment**, by Hall Whiteaker.

The Doctor presented a very interesting paper and it was ably discussed by all.

A. W. Tarr then read a paper on the **Management of Normal Labor**.

This was an excellent paper and brought out some important points. The Doctor laid much stress on preparing the patient before parturition thereby avoiding so much septic trouble that follows parturition.

Doctor Rife then presented a paper on the treatment of **Catarrhal diseases**.

He confined his paper to the upper air passages and showed the importance of being prepared to treat them by way of apparatuses, etc.

After the reading of the papers it was agreed by a vote of the Society, that Mound City be made the permanent meeting place.

The Society then adjourned until the next regular meeting in July.

C. J. Boswell,
Official Reporter.

The Peoria City Medical Society held the regular semi-annual daytime meeting at 2 P. M. Tuesday, April 1st, at the National Hotel. A number of invitations had been sent out to country practitioners, but the result did not augur much interest on the part of the invited. The city members, however, turned out in force and listened to two good papers and a number of reports of cases. One new application was voted upon and accepted being A. R. Trapp of Peoria. An amendment to the by-laws which had remained over from a previous meeting was adopted, making the number necessary for a quorum less.

L. S. McFadden then read a paper on **Small-**

pox which showed that the Doctor had made an effort to get at the root of the evil and had made a careful study of the best means of eradicating the disease. He claimed the origin of the present epidemic to have been the returning Philippine soldiers but on this point he was questioned by several who had reasons for believing that the disease was already here at the opening of the war.

At the conclusion of the paper a communication from the Journal, a daily paper, was read asking the permission of the Society to publish the paper of Dr. McFadden as it was of interest to the general public. After some discussion the request was granted.

J. S. Miller then read a paper on **Spinal Co-incinization** which was well written and showed the results of careful investigation of the subject coupled with the results of some observation. He claimed that the procedure had a place in Anaesthetics, in cases where it was inadvisable to use other means. The method met the disapproval of E. M. Sutton as being altogether unnecessary. Dr. Hensley said he did not know much about the procedure but thought care should be taken. S. M. Miller reported 13 cases in which he had used it almost invariably with success. He was also inclined to think it had a place in surgery.

E. M. Sutton then presented a case of **Sarcoma of the Superior Maxilla** which he was treating with the X-ray. He proposes to show the case later when the patient has been under treatment for a while.

W. J. Uppendahl presented a specimen of **encysted foetus**, which was removed from the abdomen of a woman, the victim of an ectopic pregnancy. The foetus was almost full term and had remained in the abdomen for over two years without causing serious trouble.

C. U. Collins demonstrated the **use of the angio-tribe** in the use of which he has become quite proficient. Dr. Sutton was not in favor of its use and stated that it was more of an instrument for veterinary than other use. C. E. Davis who had witnessed its use said it was the instrument to use in ligating the stump of the broad ligament. Drs. Hanna, Lucas, Studer, and others spoke in favor of its use.

E. M. Eckard,
Official Reporter.

The St. Clair County Medical Society held their regular meeting and annual election of the Society at Priester's Park, March 6, 1902.

In the absence of President Kohl, the Recording Secretary called the meeting to order, and A. J. McGaffigan was elected President pro tem.

Members present were B. Portuondo, recording secretary; A. Hansing, corresponding secretary; Rayhill, Grimes, Gunn, State, Twitchell, Starkel, Wiggins, Lillie, H. and H. G. Hertel, Fairbrother, Little and Raab, and W. E. Wiatt.

Minutes of last meeting read and approved.

Report of the treasurer, Schlernitzauer, showed a balance of \$27.50 in the treasury. Report approved.

Bill of Priester, \$3.15, for refreshments at our last meeting was presented, and on motion allowed.

Bill of A. Hansing for \$2.15 for postal cards and printing was allowed.

The chairman appointed Rayhill, H. Hertel and A. Hansing a committee to nominate officers for the ensuing year.

The committee reported as follows: For president, H. C. Fairbrother; for vice-president, Gunn; corresponding secretary, C. W. Lillie; treasurer, A. Hansing; recording secretary being a permanent office, B. Portuondo continues in that office. On motion the report was accepted, the committee discharged, the rules suspended and the several officers elected by acclamation.

Chairman McGaffigan appointed Hansing and Grimes a committee to escort the new president to the chair.

President Fairbrother delivered a brief address in which he urged the members to attend the meetings and participate in the proceedings.

He looks upon the county society as a unit in the organization of the State and National Associations, and as the chief agent or element in the upbuilding of the profession. Without these societies the profession would deteriorate and decay. They tend to elevate and maintain the dignity and high moral and intellectual status of the members. The medical society stands for the dignity and elevation of the science of medicine as other crafts stand for their elevation and prosperity. All crafts have their unions and stand together better than does the medical profession. How much better would it be if we also had a "more perfect union." What might we not attain if we all stood together?

The death of John Stack, an ex-corresponding secretary of the Society, was reported, and on motion of J. E. State, a committee of three, J. E. State, H. G. Hertel and C. W. Lillie, was appointed to draft a suitable memorial. The committee reported the following tribute, which, on motion, was adopted:

The St. Clair County Medical Society deeply deplores the death of John Stack, a member of this Society. We attest to his skill in his profession, and to his genial character as a man. We realize that the profession has suffered a great loss by his premature death; the State has lost a useful citizen; the community a valued and active member.

We extend our profound sympathy to his mother, his only near relative, in her sad bereavement.

We devote a page of our record to the perpetuation of his memory.

Starkel offered the following:

"Resolved, That it is the sense of this Society that all our members should become members of the State Society." Motion by Lillie that the resolution be adopted. Carried.

W. E. Wiatt, of East St. Louis, was proposed by Fairbrother for membership. Motion by Lillie that the rules be suspended and that Dr. Wiatt be elected by acclamation. Carried.

Dr. Wiggins made some observations on the various "Forms of Sutures in Enterorrhaphy," and demonstrated the use of various instruments employed in this work, and illustrated the manner of making the most approved suture, and especially the means by which all the knots

may be placed within the lumen of the gut. He also showed the manner of using the Murphy button for intestinal anastomosis.

Discussion by Starkel: I deem this paper one of the most valuable features of the meeting. By the very excellent demonstration the members have learned something of the actual work. I have made this operation on dogs, but it is now made still more clear to me. I think the Society owes Dr. Wiggins a vote of thanks for his demonstration.

Wiggins closing: When we recall the enormous loss of life which formerly attended wounds of the abdominal viscera and the achievements of modern surgery we may well express surprise. The death-rate from this cause in the Crimea and in our own civil war was about 98 per cent. Now the figures are almost reversed.

And I believe that some of the fatalities of recent years have been due to faulty sutures, I recall a case on which I operated in 1892, making anastomosis with Lembert sutures. The patient recovered, but died last year from adhesions and inflammatory products due to the Lembert sutures.

On motion the Society adjourned.

B. Portuondo,
Official Reporter.

The East St. Louis Medical Society met on March 17th at 8:30 P. M. J. W. Rendleman, presiding.

Members present: W. S. Wiatt, Secretary; Thompson, Housh, Zimmermann, McLean, Benson, Grimes, State, Lillie, Harvey S. Smith and Bottom.

Dr. Wiatt presented the name of H. G. Hertel for membership. Motion of State to suspend the rule and elect by acclamation. Carried.

Bill of Miss Schnell for \$12 for floral emblem for Dr. Stack was allowed.

Thompson read a paper on "Chronic Catarrh of the Bladder."

Discussion of Dr. Thompson's Paper.

State: I have listened with great interest to the paper. I make a distinction between catarrh of the bladder and cystitis. Pus infection causes cystitis, while we may have a catarrh of the bladder in those cases where we have a catarrhal condition in other mucous membranes; a systemic catarrh without infection by the pus forming cocci. Broadly speaking we may say that a catarrh of the bladder is a cystitis, or that the term catarrh of the bladder covers the whole subject. My treatment is chiefly by irrigation with boric acid, or permanganate of potash. There is no fixed strength for the permanganate solution. Different waters require different strengths. I depend upon the color, a light wine color being about right. Internally I employ citrate of potassae, or the acetate of potassae. I have also used sanmetto. It is a combination of saw palmetto and sandalwood.

I also use buchu and other astringents. For irrigation I prefer to use a special instrument which permits the bladder to be filled and emptied without removing the catheter. I prefer this to the return flow catheter. The sheet anchor in these cases is irrigation. Most cases

met with are not true catarrh of the bladder, but are cases of infection with the gonococcus.

Housh: The paper was a good one. These chronic bladder cases give us much trouble. I have a case which has lasted about a year, in which I have tried almost everything. I have given buchu, urotropin, triticum repens, acetate of potash. The best results have been reached in this case by rectal douching. Cold water is to be preferred, but if the patient objects to cold let it be warm. Both do the same thing. Boric acid solution colored with carmine seems to be the best. Irrigate twice a day with this. Water alone will probably do equally well, but most patients prefer a medicated solution. This does more good than drugs. I also apply hot towels for fifteen minutes once a day. I have also used the cold douche and cold towels externally. Some cases yield to one irrigation. In some it must be repeated. Some cases grow worse under repeated irrigation of the bladder. Stop irrigating and these get well. Urotropin seems to be a great fad with many physicians. I give it in ten grain doses. I would like to get something to relieve those old cases.

McLean: I have had no cases lately. When I have had such cases I used boric acid solution to irrigate the bladder, I have had good results with benzoate of ammonium internally. This gave more satisfaction with women than with men. I have also had good effects from the use of a blister over the bladder followed by a flax-seed poultice.

Benson: Cases of acid urine with frequent micturition require different treatment from cases of alkaline urine with retention. Extract of corn silk, buchu, boric acid and sulphate of atropia give relief in cases of acid urine. If the urine is alkaline use benzoic acid. Some cases of cystitis recover under the use of boric acid.

Wiatt: Cystitis is a broad subject. Generally cases where the urine is alkaline will be found to be cases where there is partial retention; to residual urine. Some are due to excess of uric acid. Salicylic acid has given good results in the treatment. I want to call attention to the fact that certain preparations of iron may cause cystitis. Bland's pill is a form which causes it in some. I have tried it on myself, and it produces a troublesome cystitis. The same results have followed its use in two other patients. Another class of cystic troubles follows the grip. I have a case which has lasted a year, and no medicine affects it. The urine is not highly acid, and yet it must be voided every half hour. No form of treatment marked'y effects this case.

The Physician's Club of Chicago held the regular monthly banquet on the evening of March 31st, at the Sherman House. E. J. Doering presided. The subject for discussion was **A Home for the Medical Organizations of Chicago.** The first speaker, Sanger Brown, declared that such a permanent home was unanimously recognized as desirable, not only for the scientific work, but also for the social life of the profession is it desirable. A large, convenient working library is needed, assembly rooms and quarters where original research

work can be done. A sort of a medical institute could thus be established which would serve as a nucleus in and about which all the best interests of the medical profession would congregate. In regard to the getting up of such a home and supporting it, Dr. Brown was optimistic, but he believed that the financial part of the undertaking would and should be largely assisted by endowments from wealthy members of the laity.

Nicholas Senn emphasized the great desirability and need of such a home and urged that it be located on the north side of the city conveniently near the Newberry library. He referred to the prospective building of the American Medical Association, and said he would like to see a committee appointed from the club to confer with some similar committee from the American Medical Association.

A most suggestive paper was next read by Mr. C. W. Andrews, librarian of the John Crerar library, the statements of which he said he desired to be regarded as entirely unofficial and as being merely in the way of a friendly conference. He said that after listening to all that had been said upon the subject he was convinced that all of the needs of the medical profession in relation to a home were to be met under one roof; he hoped in that case that the Crerar library would have us as near neighbors. If a closer connection were contemplated, among the various needs suggested, "the provision of opportunity for social entertainments" would be quite outside of the province of a public library endowed for the purposes mentioned in the will of Mr. Crerar. The provision for laboratories for scientific research would most probably be beyond its means, though one of the directors would like to see such facilities furnished. The matter of desk room, offices and administration, apartments are details not demanding present consideration. There remains then the question of the books, periodicals and lecture halls. The first is probably the most important and fundamental. The elimination of the items of purchase, storage and care of books would affect all calculations on the size and cost of the building and its maintenance. This is a very large item. Moreover by such a close union, medical science will have more and more intimate relations with other branches of science for which it would not be feasible for a private institution to make sufficient provision. After stating that Chicago has two large reference libraries one (Newberry) of which has a large medical department while the other (John Crerar) has not, Mr. Andrews went on to explain the latter fact. The will recommended the avoidance of a useless and wasteful duplication of books and suggested that the Crerar library embrace such departments as are not fully occupied by any other existing library in Chicago.

Omitting reference to the public library the field of the others was defined as follows:

Newberry Library: Literature, Language, History, Sociology, Philosophy, Religion, Fine Arts in part, Medicine.

John Crerar Library: Physical and Natural sciences, Useful Arts, Fine Arts in parts, Sociology."

Though the medical department in the Newberry was said to be somewhat of anomaly the present conditions are such in relation to both the Newberry and the Crerar libraries that the directors of the latter, the speaker felt sure, "would not take the initiative in beginning a new collection (of medicine) and much less in suggesting the transfer of that now in existence.

In regard to periodicals, the situation is somewhat different. A proposition to set apart a room for medical periodical literature has been suggested. The library now subscribes for more than 10 per cent. in numbers and much more than that percentage in cost of the list of medical periodicals taken by the Newberry library.

In regard to hall and lecture rooms, it is the established policy of the library to make such provision. Here the speaker gave a brief sketch of what the directors contemplated in the way of a building, if an appropriate site can be secured. The structure will be a "monument which will adorn the city" and secure for the readers, the advantages of nearly unlimited light, air and space. In no case would the library be likely to rent or sublet space for reading rooms and lecture halls, but "it is possible that a joint purchase," in case a lot has to be bought, "and subsequent redivision of lots might be advantageous to institutions which ought to be neighbors.

"In conclusion let me say that I am sure that the directors desire only to make the John Crerar library of the greatest use to the city and to this section of the country. They have taken all the steps hitherto taken with that purpose in view and they will welcome suggestions as to further steps which it might be well to take."

Fernand Henrotin followed Mr. Andrews and after reviewing the work that had already been done towards securing a home for the medical profession in Chicago, argued for more delay and for the raising of money to purchase a building of our own. He explained the delay thus far in the work as due to the difficulty in raising money. He was optimistic and believed that it could be ultimately collected. He did not favor the north side of the city as a desirable site. He argued that it belonged to province of the trustees of the Chicago Medical Society, who already had a sinking fund of \$6,000 to conduct the work of securing the home and not to the club or any other medical organization. He then explained how money could be raised by the issuance of bonds, first and second mortgages, etc., and the building maintained by subletting and renting to stores etc. It was still too early to consider anything definite. He believed that we could do best, if given time and more deliberation, to depend upon ourselves rather than to take into consultation any other library which probably has already all it cares to attend to.

Harold N. Moyer emphasized that the library question was after all the gist of the whole matter. Laboratories belong to the teaching bodies, the colleges and universities. He did not approve of locating on the north side. The advantages to the profession would be ten times

greater if the library was located in the heart of the city. Therefore he was in favor of transferring, if it could be brought about, the medical department of the Newberry to the Crerar to be located somewhere in the business center of the city.

D. W. Graham said it was good to discuss this matter just at this time, but he believed that the Chicago Medical Society should have the direction of the matter. Two things were emphatically desired by the profession namely a home in the heart of the city and the Newberry medical library transferred into the keeping of the Crerar library. He believed that both of these could be accomplished in the near future. A medical library is out of place in the Newberry collections. The chief objection to the transfer is the Senn collection, but he believed that with Dr. Senn's co-operation the transfer could be ultimately brought about. The idea of erecting a building of our own is chimerical. The best we could do would be to secure a 99 year lease or something like it for rooms in one of the most desirable of the downtown tall buildings.

Arthur D. Bevan believed that we ought to have one large central medical library supported by all and various agencies, such as the Crerar, the Newberry, the Chicago Medical Society, American Medical Association, etc. Land is too expensive to think of purchasing; hence the best plan would be to rent rooms, as suggested by Dr. Graham. He urged that the club co-operate with the trustees of the Chicago Medical Society and that something be projected after the plan of the New York Academy of Medicine. Wealthy laymen should be made interested in the project and then its success would be assured.

J. H. Stowell stated that the keynote of the whole matter rested with the Crerar library and nowhere else. Agitation now is both good and timely. He believed that \$50,000 could be raised at the present time, judging from work he had done himself and seen done last year along this line. Much direct effort is needed and some slight promise of success should be shown before many will subscribe. The Chicago Medical Society should be the parent of the movement.

At this point of the discussion Dr. Senn proposed and the Club passed the following motion namely: "That a committee of five be appointed by the chair to confer with a similar committee to be appointed by the American Medical Association, at its next meeting and with the trustees of the Chicago Medical Society to consider the feasibility of building a home for the medical organizations in Chicago." The chair appointed: Nicholas Senn, chairman of committee, H. N. Moyer, D. W. Graham, D. J. Doherty, Joseph Zeisler.

A further motion was proposed and carried, namely: "That it is the sense of the Physician's Club of Chicago that the John Crerar library is the proper one to house the medical library."

The question was further discussed by Joseph Zeisler, Arthur R. Reynolds, Henry Gradle and Frances Dickenson.

L. Harrison Mettler,
Official Reporter.

Society Members.

Members of Chicago Societies.

The following is an alphabetical list of the physicians of Chicago who belong to the medical societies in affiliation with the Illinois State Medical Society.

Preceding the list we give the officers of each society, as far as they have been furnished us by the secretaries. A number of the societies have not responded to the repeated requests of the Chairman of the Legislative Committee for new lists. Before the name of each society is a small letter. These letters are used in the alphabetical lists to show to what society each physician belongs—i. e.: a, e, i, would indicate that the member belonged to the Chicago Medical Society, the Chicago Surgical Society, and the Chicago Neurological Society. As in our other list, an * indicates membership in the Illinois State Medical Society, and the † indicates membership in the American Medical Association.

Number of members of State Society, 200; increase in last year, 113.

Number of members American Medical Association, 523.

a Chicago Medical Society meets every Wednesday evening.

OFFICERS.

President, Alex. Hugh Ferguson, Chicago.

Secretary, F. X. Walls, Chicago.

b Physician's Club, Chicago. Meets monthly.

OFFICERS.

President, W. H. Wilder, Chicago.

Secretary, L. H. Mettler, Chicago.

c Chicago Academy of Medicine. Meets 2d Friday in each month.

OFFICERS.

Secretary, J. G. Kiernan, Chicago.

d Chicago Pathological Society. Meets 2d Monday in each month.

President, Ludvig Hektoen, Chicago.

Secretary, Geo. H. Weaver, Chicago.

e Chicago Surgical Society. First Friday in each month, October to June.

President, J. B. Murphy, Chicago.

Secretary, A. E. Halstead, Chicago.

Treasurer, D. N. Eisendrath, Chicago.

f Chicago Gynecological Society. Meets 3d Friday of each month.

OFFICERS.

President, Lester E. Frankenthal.

First Vice-President, A. H. Ferguson.

Second Vice-President, J. C. Hoag.

Secretary, Wm. H. Rumpf.

Editor, C. A. Bacon.

Pathologist, M. L. Harris.

g Chicago Ophthalmological and Otological Society. Meets 2d Tuesday in each month.

OFFICERS.

President, Wm. H. Wilder.

Vice-President, C. P. Pinckard.

Secretary and Treasurer, Brown Pusey.

Chairman, Casey A. Wood.

- h Chicago Laryngo'ogical and Climatological Association. Meets quarterly in connection with the Chicago Medical Society.

OFFICERS.

President, M. R. Brown.

Secretary, John Edwin Rhodes.

- i Chicago Neurological Society. No regular meeting.

OFFICERS.

President, Richard Dewey.

Secretary, C. H. Loder.

- j Chicago Electro-Medical Society.

OFFICERS.

President, Gordon G. Burdick.

First Vice-President, A. W. Baer.

Second Vice-President, Emil H. Grubbe.

Secretary, T. Proctor Hall.

Treasurer, Richard H. Street.

- k Chicago Orthopedic Society. Meets monthly except July and August.

OFFICERS.

President, H. P. Woley.

Vice-President, John L. Porter.

Secretary, E. W. Ryerson.

- l Chicago Medico-Legal Society. Meets first Saturday, September, March and June.

OFFICERS.

President, N. S. Davis, Jr.

Secretary, W. L. Baum.

Treasurer, Joseph Matteson.

- m Southwestern Chicago Medical Society.

OFFICERS.

President, Harry H. Hagey.

Secretary, Thos. J. McGonagle.

- n Chicago Society Internal Medicine. Meets monthly.

OFFICERS.

President, John A. Robison.

Secretary, Robt. B. Preble.

- o West Chicago Medical Society.

OFFICERS.

President, E. D. St. Cyr.

First Vice-President, O. G. Wernick.

Second Vice-President, A. M. Sheebad.

Secretary, Gustavus M. Blech.

Treasurer, G. M. Silverberg.

- p South Chicago Medical Society. Meets first and third Tuesdays of each month.

OFFICERS.

President, Chas. F. Swan.

Secretary, J. S. Davis.

- q German Medical Society.

OFFICERS.

President, G. Futterer.

Vice-President, Gustav Shirmer.

Secretary, Carl Doepfner.

Treasurer, Ernst. Saurenhaus.

- †*Abbott, W. C., a, b, 2666 N. Hermitage Ave.

- † Abel, J. F., a, 3800 Dearborn St

- Abele, Ludwig H., a, 113 E. Adams St.

- Abelio, J. M., o, Cor. Taylor and Halstead.

- †*Abt, I. A., a, b, n, l, 4326 Vincennes Ave

- Abt, Jos. L., a, 733 S. Halsted St.

- † Acres, Louise, a, 960 Jackson Blvd.

- *Adams, A. L., g, Jacksonville.

- Adams, C. J., a, 856 W. Monroe St

Adams, Jane, a, Hull House

- † Adams, N. H., 940 W. Madison St.

Adams, N. K., a, 225 Oakley Blvd

- † Adolphus, P., a, 737 W. Madison St.

Albright, I. N., a, 571 W. Madison St.

- † Alderson, J. J., a, 103 State St.

- † Alexander, H. C. B., c, Rogers Park.

- † Allen, Frances M., a, 333 E. 41st St.

Allen, Geo. F., g, 14 Frazier Blk, Aurora.

Allen, H. Eugene, a, 1797 Magnolia Ave.

Ahren, J. J., a, 3851 State St.

Allen, W. G., a, 70 State St.

- †*Allport, Frank, a, b, g, 92 State St

- †*Allport, Henry, W., a, q, 92 State St.

Allport W. H., a, e, l, 85 Rush St.

Amberg, E., a, Detroit, Mich.

Anderson, Carl H., a, c, 103 State St.

Anderson, H. G., b, 128 67th St.

Anderson, J. A., a, p, 151 Cheltenham Place.

Anderson, N., a, 880 Jackson St.

- † Andrews, A. H., a, b, 100 State St.

- †*Andrews, Edmund, b, 3912 Lake Ave.

- †*Andrews, E. W., a, b, e, 100 State St.

*Andrews, F. T., a, f, 100 State St.

- † Andrews, Wells, n, 815 Washington Blvd.

Angear, J. J. M., d, i, 142 S. Western Ave.

Angell, Kath, L., d, 3745 Indiana.

- †*Anthony, H. G., 465 Dearborn Ave.

Antisdale, Edwin S., a, g, 103 State St.

Arbuckle, A. T., a, 4924 Greenwood Ave.

Archer, I. J., a, 100 State St.

Arnold, Philip, a, Elizabeth.

Arnold, W. J., a, 6759 Honore St.

- † Auld, J. M., b, d, 714 W. Monroe St.

Avery, S. J., a, 780 Walnut St.

Ayers, Philip W., b, 105 E. 22d St., N. Y. City.

- †*Babcock, Robt. H., n, a, b, d, h, i, 103 State St.

- †*Bacon, Chas. S., a, b, c, d, f, 426 Center St.

*Bacon, J. B., a, b, c, f, 103 State St.

Bacon, M. W., a, b, 63d and Stewart Ave.

- † Baer, A. W., a, j, 403 Security Bldg.

Bailey, W. G., a, 7000 Princeton Ave.

Bailey, G. P., a, 407 E. 43d St.

Baird, J., a, 1945 Maple Ave.

†Baldwin, A. E., a, c, l, 828 W. Adams St.

- †*Baldwin, L. B., a, b, c, 100 State St.

†Ballard, Chas. N., a, 243 South Leavitt Ave.

Ballenger, Wm. L., a, b, c, h, g, 100 State St.

†Banga, Henry, a, f, l, q, 70 State St.

Banks, H. W., a, Escanaba, Mich.

Bannister, H. M., a, c, i, Evanston.

Barker, E. S., a, 279 LaSalle Ave.

†Barker, L. F., a, d, n, University of Chicago.

Barker, M. R., a, 4625 Greenwood Ave.

Barlow, L. M., a, 125 E. 22d St.

Barnard, H. S., q, 4031 Vincennes Ave.

†Barnes, C. L., a, 5317 Washington Ave.

Barnes, Walter S., a, 3000 Michigan Ave.

*Barr, W. Allen, a, 930 W. Adams St.

†Barrett, E. J., Palmer House.

- †*Barrett, Channing W., a, 100 State St.

Eartholomew, J. N., b, 421 Center St.

†Bartlett, Jno., a, n, 281 Oak St.

Bartlett, R. H., a, j, 14 Loomis St.

Bass, G. E., p, 9901 Ewing Ave.

- †*Bates, M. D., 34 Washington St.

- †*Baum, W. L., a, b, c, d, q, l, 103 State St.

†Bausman, A. B., a, d, n, 576 W. Madison St.

- †*Beard, C. H., a, b, g, 34 Washington St.

Beard, C. R., i, 34 Washington St.

- †Beardsley, J. A., a, 6405 Eggleston Ave.
 Bebb, W. S., a, LaGrange.
 †*Beck, Carl, a, c, e, q, 522 Dearborn Ave.
 Beck, Emil G., a, q, 620 LaSalle Ave.
 Beck, Jos. E., a, q, 100 State St.
 Becker, Dr., q, LaSalle.
 †Becker, E. C., a, 385 W. Diversey Ave.
 †*Beehler, Louis L., a, 4601 Indiana Ave.
 Beery, C. C., a, 1737 Wabash Ave.
 Beeson, S. J., a, 304 Washington Blvd.
 Behrendt, Alex., q, 6225 S. Halsted St.
 *Behrendt, A. J., a, q, 93 Fowler St.
 Belfield, W. T., a, b, l, q, 102 Clark St.
 †Belknap, F. W., a, b, 385 N. State St.
 Bell, A., m, 5848 Halsted St.
 *Bell, J. J., a, Fullerton and Clybourn Sts.
 Bennett, E. R., a, n, 1107 Montana St.
 Bennett, O. P., a, Mazon.
 Benson, J. A., n.
 Benson, J. N., p, 235 91st St.
 Bergener, Dr., q, 100 State St.
 Bergeron, J. Z., a, 34 Washington St.
 Bergstram, E. A., p, 9034 Superior Ave.
 †Berry, J. G., a, 3659 S. Halsted St.
 Bert, E., a, 3242 Vernon Ave.
 Bertling, Adol. E., q, 511 Ashland Blvd.
 †Besharion, J. H., Indiana and 31st St.
 Beasley, F. A., a, 1070 E. 63d St.
 †*Best, J. E., a, Arlington Hts.
 †Bettman, B., g, l, 103 State St.
 †*Bevan, Arthur D., a, b, d, e, l, 100 State St.
 †Bick, J. M., 509 Cleveland.
 Bidwell, T. S., a, 482 Ashland Blvd.
 Bigelow, Frederic S., a, 4259 Cottage Grove Ave.
 †*Billings, Frank, a, b, d, i, l, n, 100 State St.
 Binkley, J. T., Jr., a, b, f, l, 452 E 49th St.
 Birkhoff, Davis, o, 408 Marshfield Bldg.
 †Bishop, Arthur M., a, 85 Rush St.
 *Bishop, R. W., a, b, 70 State St.
 †*Bishop, S. S., 103 State St.
 †Black, Arthur D., 31 Washington St.
 Black, S. P., b, Los Angeles, Cal.
 Blackwood, A. L., p, 456 Winnepeg Bldg.
 Blanchard, Wallace, a, k, l, 34 E. Monroe St.
 †Blech, G. M., o, 1434 Michigan Ave.
 Bloomington, J. S., a, 177 LaSalle St.
 Blount, Anna E., a, 302 South Blvd., Oak Park.
 †Bohrenburg, L. P. H., U. S. Marine Hospital,
 Chicago.
 Boettcher, H. P., a, 34 Washington St.
 Bokhof, David H., a, Lansing, Mich.
 Bond, J. H. R., a, 350 51st Blvd.
 Boone, Jno. C., a, 1034 Millard Ave.
 Boreland, L. C., o, 12th and Ogden Ave.
 †*Bouffleur, A. I., a, b, d, e, l, 1159 Washington
 Blvd.
 †Boyd, S. J., 413 Washington Blvd.
 †Bradley, W. J., a, Coal City.
 †Brannon, G. H., a, Manhattan.
 *Brannon, L., a, Joliet.
 †*Braunworth, Anna M., a, 100 State St.
 *Brayton, S. H., a, Evanston.
 Breakstone, B. H., o, 331 Loomis St.
 †*Breckenridge, S. L., a, Riverside.
 *Brennecke, H. A., d, Aurora.
 Brick, J. H., a, Hammond, Ind.
 Bridge, Norman, a, b, Los Angeles, Cal.
 †Brill, Jno. A., a, 428 Milwaukee Ave.
 Brislow, A. J., a, m, 4700 State St.
 *Broell, Albert E., a, q, 131 Fremont St.
 Broell, Adolf, J., q, 241 E. North St.
 †Brode, W. D., 565 Madison Ave.
 †Brook, J. E., a, Coal City.
 *Brooks, H. J., 100 State St.
 Brophy, T. W., a, d, l, 126 State St.
 Brougham, E. J., a, 206 E. Chicago Ave.
 †*Brower, D. R., a, b, c, d, i, l, n, 597 Jackson
 Blvd.
 Brown, E. M., a, 254 Ashland Blvd.
 Brown, F. I., a, 2340 N. 42d Ave.
 Brown, G. V. I., c.
 †Brown, J. M., a, 34 Washington.
 †*Brown, H. H., a, g, 103 State St.
 *Brown, Jas. M., h, 34 Washington.
 *Brown, M. R., a, b, h, l, 34 Washington.
 †*Brown, Sanger, a, b, c, d, i, l, 757 Washington
 Blvd.
 Brownstein, S., o, 374 S. Halsted St.
 Brubaker, J. E., j, 1012 E. Garfield.
 Brugge, H. J., a, Cor. Polk and W. 40th Sts.
 Brumback, A. H., a, b, 100 State St.
 †Bryan, Clarence H., a, 3030 Wabash Ave.
 Bryan, C. J., d, 1079 Washington Blvd.
 †Buck, J. B., a, 413 LaSalle Ave.
 Buckley, S. C., a, 301 56th St.
 Budde, Otto, h, State and 31st Sts.
 Buecking, Ewd. F., a, 425 S. Paulina St.
 Bulson, A. E., Jr., g, Fort Wayne, Ind.
 †Butzow, A. M., a, 1380 N. Clark St.
 Buford, Coleman G., a, 448 N. Clark St.
 Burcky, W. E., a, 6641 S. Halsted St.
 Burdick, G. G., a, j, 2727 State St.
 Burgess, A. J., d, Milwaukee, Wis.
 Burkholder, J. F., a, 100 State St.
 Burlingame, D. E., a, Elgin.
 Burmaster, Paul, j, 441 Dearborn St.
 †Burr, A. H., a, n, 100 State St.
 Burr, Chauncy S., a, b, 9372 Longwood Ave.
 Burr, F. K., m, 6100 Norman Ave.
 †Burroughs, W. M., 885 W. North St.
 Burry, Jas. H., a, b, e, l, 4962 Washington Ave.
 †Burwash, H. J., a, b, d, 731 N. Hoyne Ave.
 †*Burdick, A. S., a, 328 Dearborn St.
 Bush, Bertha, a, d, Rogers Park.
 Butler, G. F., a, b, c, n, Alma, Mich.
 *Butler, Wm. J., a, c, q, 1485 Jackson Blvd.
 *Butterfield, E. H., a, Ottawa.
 Butterman, W. F., a, 423 Garfield Ave.
 Butts, J. Baptist, a, 748 W. 12th St.
 †Byford, H. T., a, b, c, f, l, 100 State St.
 †*Byrne, Jno. H., a, l, n, 690 W. Monroe St.
 †Cambourn, S. A., a, 5101 Wentworth Ave.
 Campbell, A. W., a, 240 Wabash Ave.
 Campbell, J., a, 34 Washington St.
 Campbell, J. G., a, 6857 Wentworth Ave.
 Campbell, J. T., h, 34 Washington St.
 †*Campbell, Ralph R., a, 204 Dearborn St.
 Capps, J. A., a, d, n, 100 State St.
 †*Campbell, O. Beverly, a, 100 State St.
 †Carey, F., a, l, 2935 Indiana Ave.
 Carr, R. H., a, b, 4725 Kenwood Ave.
 †Carpenter, Geo., T., a, h, 103 State St.
 †*Carter, J. M. G., a, n, Waukegan.
 Case, LaF. W., a, Waterloo, Ia.
 †Caspers, Paul, a, q, 2358 Indiana Ave.
 †*Casselberry, W. E., a, b, h, l, 34 Washington St.
 Cazier, M. H., b, 4116 Lake Ave.
 Chaffee, F. F., a, 6248 Kimbark Ave.
 †Chamberlain, G. M., 3031 Indiana Ave.
 †Chandler, F. E., a, 1318 Noble Ave.

- Chandler, Ralph, d, Milwaukee, Wis.
 Chapin, C. W., a, Wilmette.
 Chapin, S. N., a, 70 State St.
 †Chapman, C. F., d, 833 Washington Blvd.
 Chapman, Geo. L., d, Alexian Bros. Hospital.
 †Cheney, H. W., a, b, 369 E. 63d St.
 *Chenoweth, C., a, 256 N. Main St.
 †Chew, J. H., a, n, 23 Astor St.
 Chichester, J. G., a, 4705 Indiana Ave.
 Chrisman, W. D., a, Lafayette, Ind.
 Christoph, E. D., a, q, 2662 Michigan Ave.
 †Christopher, W. S., a, b, c, f, d, n, 508 Dearborn Ave.
 Christie, Wm., b, 7100 Cottage Grove Ave.
 *Church, Archibald, a, i, l, 804 Pullman Bldg.
 Churchill, F. S., a, b, n, 583 Division St.
 Chester, Paul, a, 6 E. 47th St.
 †Chvatal, J. F., a, S. W. Cor. 22d and Kedzie.
 †Class, W. J., a, d, 1301 Belmont Ave.
 Clemensen, P. C., j, 3000 Michigan Ave.
 Clements, F. M., b, 95th and Wood Sts.
 Cleveland, G. H., d, n, 951 W. Harrison St.
 Clevenger, S. V., j, 70 State St.
 Clock, F. B., p, 97-74th St.
 †Coakley, W. B., 100 State St.
 Coates, W. E., d, 655 W. 12th St.
 Coe, Geo. A., b, Los Angeles, Cal.
 †Coe, A. J., a, 34 Washington St.
 Colburn, J. E., a, b, d, g, i, l, 34 Washington St.
 †Cole, S., a, 103 State St.
 †Coleman, W. F., a, b, g, i, 36 Washington St.
 Collins, Dennis, a, 447 26th St.
 Collins, Jas. H., a, 103 State St.
 Collins, Lorin C., Jr., b, 481 Wabash Ave.
 †Collins, R. G., a, 5139 Wabash Ave.
 Colwell, N. P., a, 34 Washington St.
 †Conbey, Dan'l, a, 496 Jackson Blvd.
 Conklin, A., a, 631 N. Robey St.
 Conley, R. H., a, 477 Grand Ave.
 †Conley, T. J., a, 1593 Milwaukee Ave.
 †Connell, F. Gregory, a, c, 103 State St.
 †Cooke, A. H., a, l, 234 Dearborn St.
 *Cook, E. P., b, d, Mendota.
 *Cook, E. P., a, 284 Lincoln Ave.
 †Cook, J. C., a, b, n, 5703 Rosalie Court.
 Cook, Jean M., d, 726 W. Adams St.
 †*Coolidge, F. S., a, b, c, d, e, k, l, 103 State St.
 Cooper, J. E., a, 2 33d Place.
 Copeland, W. L., n, 918 Warren Ave.
 †Corwin, A. M., a, b, d, h, n, 34 Washington St.
 †Cory, A. L., a, b, l, 4101 State St.
 †*Cotton, A. C., a, b, c, d, n, 1485 Jackson Blvd.
 †Cottrell, D., a, 264 E. Ohio Ave.
 †Coulter, J. H., b, c, l, 103 State St.
 *Courtwright, Chauncey W., a, b, l, 364 E. 63d St.
 *Cox, Stephen W., a, 1315 Jackson Blvd.
 Coy, W. L., a, n, 502 LaSalle Ave.
 *Craig, A. L., a, 627 W. Adams St.
 Craig, D. W., a, 93 Sigel St.
 Craig, J. G., a, 5900 S. Halsted St.
 †Crocker, F. S., a, g, 103 State St.
 Croker, J. N., a, 291 22d St.
 Crowder, T. R., a, d, 100 State St.
 Crowley, J. F., m, 601 Garfield Blvd.
 Cugat, Edward, a, 245 E. 19th St.
 †Cunningham, D. H., 1271 W. VanBuren.
 Curtis, A. M., a, Washington, D. C.
 Curtis, Jno. H., n, 578 Washington Blvd.
 Curtis, Lester, a, b, n, 35 University Place.
 †Cuthbertson, Wm., a, b, c, 103 State St.
 †*Dahl S., a, 822 N. Western Ave.
 †Dal, Jno. W., a, d, l, 499 N. Robey St.
 Dalamore, J. F., a, New Era Bldg.
 Daly, T. A., a, 100 State St.
 †*Danforth, I. N., a, b, d, l, n, 70 State St.
 Darrow, Clarence, b, 100 Washington St.
 Daugherty, C. A., a, South Bend, Ind.
 †Davenport, Nora S., a, 207 Warren Ave.
 Davey, J. R., a, 185 W. Madison St.
 Davis, Achilles, a, m, 5539 Indiana Ave.
 †*Davis, Chas. G., a, 31 Washington St.
 †*Davis, Effa V., a, 516 W. Adams St.
 Davis, Jno. S., p, 9139 Commercial Ave.
 †*Davis, Nathan S., Sr., a, n, 65 Randolph St.
 †*Davis, Nathan S. Jr., a, d, i, l, n, 65 Randolph Street.
 Davis, Nixon, p, 7502 Saginaw Ave.
 †Davis, Thos. A., a, b, d, e, l, 987 Jackson Blvd.
 Davis, W. C., a, 100 State St.
 Davidson F. S., a, 1072 Lincoln Ave.
 †Davidson, Chas., a, 103 State St.
 Decker, Adolph, a, q, 425 Orchard St.
 Deering, E. J., a, 2458 Indiana Ave.
 †*DeLee, J. B., a, f, 3632 Prairie Ave.
 †Derning, H. H., a, b, l, 4356 Greenwood Ave.
 †*Dennis, G. J., a, b, 103 State St.
 Dennison, A. E., o, Chicago.
 Detlefsen, F., a, 1072 Lincoln Ave.
 *Detweiler, B. S., a, LaGrange.
 †*DeVeny, S. C., a, c, l, 2542 Indiana Ave.
 †*Dewey, F. J., b, d, 100 State St.
 *Dewey, Richard, a, b, c, i, Wauwatosa, Wis.
 Diamond, I. B., d, 587 Halsted St.
 †*Dickerman, E. T., a, b, c, d, g, h, l, 103 State St.
 †*Dickinson, Fannie, a, b, g, 70 State St.
 †Dickson, W. F., a, b, 70 Madison St.
 Dinwoodie, J. A., a, 3302 Cottage Grove Ave.
 Doane, P. P. S., a, 10 Astor St.
 †Dodd, Oscar, a, b, g, 103 State St.
 †*Dodds, Robt., a, f, l, 144 Oakwood Blvd.
 †*Dodson, Jno. M., a, b, d, n, 568 Washington Blvd.
 *Doepfner, Karl, a, d, q, 911 Hamilton Court.
 †*Doering, Ed. Jr., b, f, l, n, 2458 Indiana Ave.
 †*Doherty, David J., a, b, d, 582 LaSalle Ave.
 Dolan, A. N. J., a, 905 Wilson Ave.
 Dold, Wm. Elliott, i, Lake Geneva, Wis.
 Downey, Wm. S., a, 550 Jackson Blvd.
 Dowiat, N., a, 538 W. 18th St.
 Donaldson, H., i, n, University of Chicago.
 Dreyer, Geo. P., b, 149 St. Louis Ave.
 Driscoll, J. J., a, 6216 Wentworth Ave.
 †*Dubs, Rudolph, S., a, 92 State St.
 †*Dudley, E. C., a, b, d, f, 1617 Indiana Ave.
 Duff, Guy C., a, 1426 Roscoe St.
 Dunavan, L. W., b, 4259 State St.
 †Duncan, Wm. E., a, n, 6058 Kimbark Ave.
 Dunham, O. B., m, State Bldg.
 Dunn, Eliz. H., a, 5525 Monroe Ave.
 Dwyer, Anna, a, l, 100 State St.
 Dyche, Geo. B., a, m, 121 E. 51st St.
 †Eads, B. B., a, 683 Washington Blvd.
 Earle, Clarence, a, b, Desplaines.
 †*Earle, F. B., a, b, d, f, l, n, 903 W. Monroe St.
 Eberhart, Noble M., a, 2943 Prairie Ave.
 †Eckley, W. T., a, d, l, 979 Jackson Blvd.
 †*Edwards, A. R., a, b, h, i, n, d, 2818 Indiana Avenue.
 Edwards, Frank H., a, 1592 Maple Ave.

- †*Egan, Jas. A., a, b, Springfield.
Eggert, Fred C., m, 5254 Halsted St.
Ehrmann, Marie, a, 156 E. North St.
Emarson, Benedict, a, 640 W. 63d St.
Eichberg, L. R., a, 241 W. 101st St., N. Y.
†*Eisendrath, D. N., a, b, d, e, q, 3125 Michigan Avenue.
†Eiss, D. W., a, 2358 Wentworth Ave.
Eisenstaedt, S., a, 5504 Monroe Ave.
Eldred, C. C., a, Joliet.
Ellingwood, Finley, J., Columbus Mem. Bldg.
†*Elliott, Arthur R., a, b, n, 103 State St.
Elliott, Chas. A., a, m, 70 State St.
Elliott, Elihu N., a, 1603 N. Clark St.
Emmons, F. A., a, b, 4129 Drexel Blvd.
†Engelman, Rosa, a, c, d, l, 3035 Indiana Ave.
Engert, Rosa H., l, 34 Washington St.
Engman, M. F., a, 2608 Locust St.
Errant, D. M., a, 346 54th St.
Esbridge, Belle C., a, 4166 Halsted St.
†Esbridge, J. H., a, b, 4166 Halsted.
*Evans, Chas. W., 341 Fulton St.
†*Evans, W. A., a, c, d, n, 103 State St.
Ewell, M. D., c, Chicago.
†*Faber, Paul J., a, State and Madison Sts.
Faith, P., a, 103 State St.
Faith, Thos., g, p, 103 State St.
Fales, Louis H., a, Manila, P. I.
Falls, S. K., a, 151 S. Western Ave.
Farnum, E. J., j, 103 State St.
†Farrell, J. H., h, 92 State St.
*Farrell, P. J. H., a, 92 State st.
†*Favill, H. B., a, b, d, i, n, 100 State St.
Femlee, S. T., a, 5101 Ashland Blvd.
Fenn, C. T., a, 6117 Washington Ave.
†*Ferguson, A. H., a, b, c, e, f, i, l, 34 Washington St.
Ferguson, Clara B., a, Dunning Station.
Findley, Palmer, a, f, 100 State St.
Finkler, Dittmar, b, Bonn, Germany.
Fischer, Gustav, a, 903 Kedzie St.
*Fischkin, E. A., a, q, 4809 Prairie Ave.
†Fisher, Jno., a, d, n, 489 Belden Ave.
†Fisher, Wm. A., a, b, g, 103 State St.
†Fiske, G. F., a, b, g, 103 State St.
Fisk, Wm. B., a, 2724 Indiana Ave.
Fitch, C. M., d, 645 W. Monroe St.
Fitch, W. M., a, b, d, 645 W. Monroe St.
Fitzpatrick, H. P., j, Masonic Temple.
Fletcher, J. R., a, Winnetka.
Folondsbee, Willard, a, Paonia, Colo.
Foote, L. F., a, Elgin.
Ford, Edward P., a, 1000 Warren Ave.
Fortner, E. C., a, 579 W. Adams St.
*Foster, A. H., a, f, n, 719 W. Monroe St.
Fowler, Edson B., a, m, 3359 Indiana Ave.
Frank, Ira, a, Cor. 31st and Indiana Ave.
†*Frank, J., a, c, e, 17 Lincoln Ave.
Frank, Mortimer, a, 100 State St.
Frankel, Eugene, q, 617 W. 12th St.
†Frankenstein, Victor S., a, 4534 Vincennes Ave.
Frankenthal, I. E., l, 103 Randolph St.
Frankenthal, L. E., a, f, 3236 Michigan Ave.
†Frankenthal, L. G., 48th and Kimbark Ave.
Fraser, W. E., a, 5490 Washington Ave.
†*Freer, O. P., a, h, 288 E. Huron St.
†*Fricke, A., a, 366 E. Division St.
Friduss, S. L., m, 4804 Ashland Ave.
Friedrich, Louis H., a, 1003 Schiller Bldg.
Friend, E., a, 70 State St.
†*Fringer, W. R., g, Rockford.
†Froom, A. E., a, b, 3730 LaSalle Ave.
†*Frothingham, H. H., a, 4304 Lake Ave.
†*Fuller, Wm., a, 4707 Calumet Ave.
Fulton, J. F., g, 350 St. Peter St., St. Paul, Mich.
†*Furlong, M., a, 100 State St.
†*Futterer, Gustav, a, b, c, d, n, q, 716 Fullerton Ave.
Gaebler, Arthur, a, 4801 Ashland Ave.
Galbraith, Robt. G., a, Matteson.
†Gallaway, D. H., a, 200 Oakwood Blvd.
†Gamble, W. E., a, g, l, 100 State St.
†Garcean, A. E., a, b, 155-53d St.
†Gardiner, E. J., a, b, g, 36 Washington St.
Gardner, Stella M., a, 5641 Ohio St., Austin.
†*Gary, I. C., a, 2184 Archer Ave.
Gatchel, W. M., a, Des Moines, Ia.
Gates, Wm. S., a, 2725 N. Lincoln St.
Gaul, A. C. A., a, 165 Center St.
Gavin, E. F., d, g, Waukegan.
Geer, F. H., a, Columbus, Neb.
†*Gehrmann, A., a, c, d, n, 103 State St.
Geiger, Arthur H., q, 18 Lincoln Ave.
Gentles, A. W., a, n, 210 E. 51st St.
*German, Wm. H., b, 103 State St.
†Gfroerer, G. S., a, 439 W. Taylor St.
Gilbert, Max, q, 848 N. Halsted St.
*Gill, Jas. C., a, b, 34 Washington St.
Gilman, J. E., j, 1114 Masonic Temple.
Glenn, F. L., a, 79 N. 48th Ave.
*Godfrey, H. T., a, Galena.
Goetz, F. A., a, q, 150 Park St.
Going, Z. H., a, b, 4642 Indiana Ave.
*Golden, I. J. K., o, 1134 Milwaukee Ave.
Goldmauer, W. W., a, 103 State St.
†*Goldspohn, A., a, f, l, 519 Cleveland Ave.
†Goodkind, M. L., a, b, i, l, n, 3033 Indiana Ave.
†Goodsmith, H. M., a, 100 State St.
†Goodsmith, W. P., a, 957 N. Clark St.
†Gorges, Laurence D., a, 57th St. and Lake Ave.
Gour'ey, W. W., a, Dawners Grove.
Gowen, G. A., a, 2604 Wallace St.
Grace, R., a, Battle Creek, Mich.
†Gradle, Henry, a, c, g, h, i, 100 State St.
†*Graham, D. W., a, b, d, 672 W. Monroe St.
Graham, H. G., a, 264 S. Halsted St.
Gramm, Carl T., a, Winneka.
Graves, C. H., a, b, 287 W. 12th St.
Graves, Robt., a, b, 807 S. Halsted St.
Gray, Ethan A., a, b, n, 158 Evanston Ave.
Gray, Jno. T., a, 181 W. Madison St.
Gray, P. H., a, 1659 Lincoln Ave.
†*Green, F. C., a, b, 44 Wabash Ave.
Green, Fred R., a, m, 4705 Indiana Ave.
†Green, G. W., a, 1296 E. Ravenswood Park.
†Green, Mary E., 557 Jackson St.
†Greenfield, C. E., a, 260 S. Halsted.
Greenleaf, Geo. F., b, 105 W. Main St., Brazil, Ind.
Greensfelder, Louis A., a, e, 103 State St.
†*Gregory, Louis L., a, b, 514 Evanston Ave.
†*Grim, A., a, Franklin Grove.
Grimm, U. J., a, d, 785 W. Madison St.
†Grinker, J., a, d, 1047 Milwaukee Ave.
Gronnerud, Paul, a, 3330 W. 62d St.
Grossman, F. A., a, 5857 State St.
Grubbe, Emil H., j, 2621 Cottage Grove Ave.
Guerrin, J., a, 3211 Wabash Ave.
Guildford, Paul, a, g, 100 State St.
Gulick, J. M., a, Mantone.

- Gunn, Janet, a, 100 State St.
†Hagens, G. J., a, 6053 Halsted St.
Hagey, Harry H., m, 4166 Halsted St.
†Haight, Allen T., a, b, g, 103 State St.
†Haines, Walter S., a, 1, Rush Medical College.
Haise, den, H. J., a, 475 Beldon Ave.
†Hakanson, A., a, p, 6306 Halsted St.
Hale, A., i, 103 State St.
†Hale, A. B., a, g, q, 103 State St.
Hale, A. M., a, 100 State St.
†Hall, Geo. C., a, 533 State St.
Hall, Geo. W., a, 34 Washington St.
Hall, Julius M., a, 2 Washington Place.
Hall, T. Proctor, j, 1101 Masonic Temple.
†Hall, W. S., a, 2431 Dearborn St.
†Hallberg, C. S. N., c, 1486 Graceland Ave.
†Halstead, A. E., a, c, e, q, 103 State St.
†Hamil, Edwin, a, b, d, 812 Warren Ave.
Hamilton, Alice, d, Hull House.
†Hammon, G. M., a, b, d, h, n, 683 W. Adams St.
†Hammond, J. D., a, 11 Congress St.
Handshaw, Anna M., a, 518 Madison St.
†Hanscom, Wm., 210 Grand Ave.
†Hanson, Z. P., a, d, 617 Washington Blvd.
Harcourt, L. A., a, 1905 North St.
†Hardie, T. M., a, b, h, l, 34 Washington St.
Harden, R. W., a, 103 State St.
*Hardy, H. T., a, Kaneville.
†Harlan, A. W., a, d, 1000 Masonic Temple.
Harms, H., a, q, 27 Humboldt Blvd.
Harnisch, F. C., a, 103 E. Adams St.
Harpole, W. S., a, m, 157 E. 47th St.
†Harris, M. L., a, b, d, e, f, q, 100 State St.
†Harrison, W. K., a, 30 Walton Place.
†Harsha, W. M., a, b, e, 103 State St.
†Hartley, J. D., a, 7840 Emerald St.
Hartman, A., p, Winnepeg Blk.
Hartman, F. S., a, d, 568 Congress St.
†Hartung, Henry, a, 596 Sheffield Ave.
Harvey, Andrew M., a, 656 W. Madison St.
†Harvey, D. S., a, p, l, 92d and Commercial Ave.
Harvey, Jas. A., a, 100 State St.
†Harvey, R. H., a, d, n, 2100 Calumet Ave.
Harvey, S. N., a, 7032 Stoney Island Ave.
Harwood, W. E., a, Eveleth, Minn.
Haskins, Geo. W., a, b, 100 State St.
*Hatfield, M. P., n, 100 State St.
Hammet, A. C., a, 2463 N. 42d Ave.
Haven, A. C., b, Lake Forest.
Hawk, M. C., a, Blue Island.
Hawley, A. W., a, Hospital.
†Hawley, Clark W., a, b, g, 70 State St.
†Hawley, E. R., The Lorraine.
†Hawley, G. F., a, 103 State St.
†Hawley, J. R., a, 3421 S. Park Ave.
†Hayford, Ernst L., a, b, 926 W. Monroe St.
Hayman, L. B., a, b, n, 70 State St.
Hays, Jacob, q, 644 W. 21st St.
†Head, G. P., a, h, 100 State St.
†Healy, Wm., a, 1682 Sheridan Rd.
Hecht, D'Orsay, a, q, 4304 Grand Blvd.
†Heckard, M. O., a, 1, 16 W. Madison St.
Heineck, A. P., o, 872 Trumbull Ave.
Heckman, Irvin J., a, Hinckley.
†Hektoen, Ludvig, a, c, d, n, Rush Medical College.
Hector, W. S., a, b, 3656 State St.
Heineck, A. P., a, d, 872 Trumble Ave.
Hench, J. B., a, Hinsdale.
Henderson, C. R., b, Chicago University.
†Henderson, E. E., a, 201 W. Erie St.
†Henkel, F. W. E., a, b, d, o, 524 Ashland Blvd.
Hemmi, S. A., a, 567 Chicago Ave., W.
†Henrotin, Ferdinand, a, b, d, f, i, l, 353 LaSalle Ave.
†Henry, R. H., a, Peotone.
†Henssler, O. W., a, q, 729 S. Halsted St.
Heustis, J. W., g, Dubuque, Ia.
†Hepburn, J. C., a, 3601 S. Halsted St.
†Hequembourg, J. E., a, b, l, n, 513 Fullerton Avenue.
Herb, Isabella C., a, 421 Center St.
†Herrick, J. B., a, b, d, h, i, n, 103 State St.
Herz, Karl, a, q, 369 Center St.
†Herzog, Max., a, d, q, 459 LaSalle Ave.
†Hess, F. A., a, 247 E. Division St.
Hess, J. H., a, 4832 Indiana Ave.
†Hessert, Wm., a, b, d, e, 100 State St.
†Hester, W. W., b, 3640 Cottage Grove Ave.
Heylman, C. J., a, 289 Webster Ave.
Heym, Albrecht, a, q, 103 E. Randolph St.
*Heywood, Chas. W., a, Riverside.
Hill, E. M., a, 488 S. 48th Ave.
Hillemeier, W. A., m, 357 W. 47th St.
Hilton, Geo. V., a, 6327 Woodlawn Ave.
Hinton, W. H., b, 1205 State St.
Hiss, Julius, m, 4832 Indiana Ave.
†Hitt, A. W., 177 E. Lake St.
Hoadley, A. E., l, 683 Washington Blvd.
Hoag, J. C., a, f, l, 4320 Lake Ave.
Hobbs, J. O., n, Chicago.
†Hoelscher, J. H., a, b, n, q, 34 Washington St.
Hoffman, Jno. R., a, g, 67 Wabash Ave.
Holberg, J. E., a, 180 N. Halsted St.
†Holden, W. B., a, 28-33d Place.
Holland, W. E., a, 103 State St.
†Hollenbeck, F. D., a, 205 N. State St.
†Hollinger, J., a, d, g, h, q, 103 Randolph St.
Hollister, J. C., a, St. Luke's Hospital.
*Hollister, Jno. H., a, b, n, 36 Washington St.
†Hollister, Mary C., g, 31 Washington St.
Holmboe, Anton H., q, 186 Humboldt St.
†Holmes, Bayard, a, b, e, i, 104 E. 40th St.
Holmes Frank, a, 16 Astor St.
†Holmes, Rudolph W., a, b, 387 N. State St.
†Holroyd, E. E., a, 887 Washington Blvd.
*Hook, E. I., a, d, 439 W. Fullerton Ave.
†Hooper, Henry a, b, l, n, 541 N. State St.
Hopkins, C. B., a, 103 State St.
Hosmer, A. B., a, k, l, 103 State St.
Howat, W. F., a, Hammond, Ind.
†Howland, E. D., a, 103 State St.
Hoyt, F. C., a, Mt. Pleasant, Iowa.
Hoyt, W., b, 481 Wabash Ave.
†Hotz, F. C., a, g, 36 Washington St.
Hudson, Jno. R., a, 3937 Olive St., St. Louis, Mo.
†Hughes, T., a, 3700 Wallace St.
Huizinga, A. J., a, 108 Michigan Ave.
Humiston, Chas. E., a, 209 S. Park Ave.
*Hunt, C. C., a, Dixon.
†Hunt, Florence W., a, 100 State St.
†Hunt, Jno. S., a, 440 Englewood Ave.
Hutchinson, E. B., a, 5708 Monroe Ave.
†Hyde, J. N., a, b, l, 100 State St.
Ingals, E. C., a, Oak Park.
†Ingals, E. F., a, b, h, l, n, 34 Washington St.
*Isham, Geo. S., a, 34 Washington St.
Isham, Ira D., a, 5408 Washington St.
†Isham, R. N., a, 34 Washington.

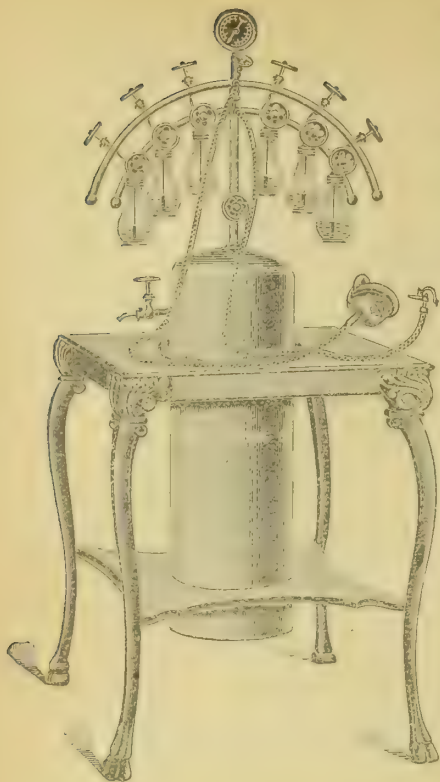
- Jackson, Josephine A., a, 633 Cleveland Ave.
†Jackson, T. J., a, 521 E. 39th St.
†Jacobs, John M., a, 1018 Wellington St.
James, R. L., a, Blue Island.
Jacques, J. L., a, 732 N. Leavitt St.
†Jacques, W. K., a, b, n, 103 State St.
†Jacquith, Walter A., a, 634 Auditorium Hotel.
†Jay, Frank W., a, b, c, d, 103 State St.
†Jay, Milton, a, 103 State St.
*Jaynes, W. K., 4316 Greenwood Ave.
Jelks, J. T., a, Hot Springs, Ark.
*Jenks, F. H., a, Aurora.
Jenson, P. C., a, Minister, Mich.
*Johnson, Chas. B., b, Champaign.
†*Johnson, Frank S., a, b, d, l, n, 2521 Prairie Ave.
†Johnson, C. W., a, 107 E. Chicago Ave.
Johnson, G. W., a, Savanna.
†Johnson, G. W., a, c, 733 Grace St.
†Johnstone, A. H., a, 4454 Cottage Grove.
Johnstone, A. R., b, 4454 Cottage Grove.
†*Johnstone, Stewart, a, 34 Washington St.
Jones, Chas. D., a, Aurora.
Jordan, E. A., d, University of Chicago.
Joyce, W. M., a, 592 E. 43d St.
Jurgens, Rudolph, b, Berlin, Germany.
Kaczorowski, J., p, 8401 Superior Ave.
*Kahn, H., a, m, 4703 Indiana Ave.
Kalacinski, Felix, a, 638 Noble St.
†Kaloos, John D., a, 65 Randolph St.
Karreman, A. R., m, 534 W. 63d St.
*Kauffman, J. S., a, Blue Island.
Kearsley, Mary J., a, 5641 Ohio St.
Kelleher, M. W., a, 424 W. 12th St.
*Kelly, W. W., a, Joliet.
Kemp, N. C., a, 3904 Indiana Ave.
Kennedy, H. J., b, 4306 Calumet Ave.
Keogh, C. H., a, 103 State St.
†Kercher, John, a, Cor Indiana Ave. and 24th St.
†Kerr, N., a, d, 295 LaSalle Ave.
†*Kewley, J. R., a, 100 State St.
Keyes, A. B., a, 299 N. State St.
†Kiernan, J. G., c, i, 103 State St.
†Kilbourne, E. D., a, 369 E. 63d St.
†Kindig, F. M., a, 2136 Indiana Ave.
King, C. B., a, 987 Jackson Blvd.
King, Herbert M., d, Grand Rapids, Mich.
King, Oscar A., a, i, 70 State St.
Kinney, Geo., g, Burlington, Iowa.
Kirby, W. T., a, m, 5000 S. Ashland Ave.
†*Klebs, A. C., a, b, h, n, q, 100 State St.
Klebs, Arnold, l, n, 600 State St.
Klebs, Edwin, a, 100 State St.
Knapp, Herman, b, New York, N. Y.
†Knudson, T. J., a, 4713 Indiana Ave.
Koehler, Gustav, a, q, 143 North Ave.
Kohn, Alfred, d, 3340 Michigan Ave.
†*Kolischer, G., a, f, q, 92 State St.
Kossel, F. C., j, Palmer House.
Kraft, Oscar H., q, 569 N. Clark St.
†*Kreider, Geo. N., o, Springfield.
Kreiger, G. E., a, b, 8947 Exchange Ave.
*Kreisse, F., a, b, 92 State St.
Krone, C. R., a, Oakland, Cal.
Krost, Joseph, a, Cor. Clark and Randolph Sts.
Krummhall, Sigmund, o, 331 Loomis St.
†Krusemarck, Chas., a, l, 94 E. 22d St.
†Kufflewski, W. A., a, 724 W. 18th St.
†*Kuh, E. J., b, l, 1104-103 State St.
†*Kuh, Sidney, a, b, c, l, i, q, 103 State St.
Kurz, Emil, q, 84 Lincoln Ave.
†*Kunz, Sylvan, a, 420 Center St.
†Kurtz, Carl E., a, 4347 Berkley Ave.
Kurtz, C. J., m, 4713 Indiana Ave.
Kyes, Preston, d, University of Chicago.
Lacy, Hattie E., a, 70 State St.
Lagorio, Antonio, a, c, 228 Dearborn Ave.
Lamb, O. C., p, 12 Winnepeg Blk.
†*Lang, John M., a, 4800 Prairie Ave.
Larkin, James J., a, l, p, Davis Bldg., State St.
†Larkin, O. E., a, 2078 W. Jackson St.
*Larned, E. R., a, 44 Franklin St.
Le Sage, A. E., a, State and 34th Sts.
Lackner, E. L., a, 103 State St.
†Latham, V. A., d, 808 Morse Ave.
†Lawbaugh, E. A., g, Marshall Field Bldg.
Leahy, M. M., a, Anaconda, Mont.
†*LeCount, E. R., d, n, 398 Marshfield Ave.
†Lee, Edward H., a, b, c, o, q, 100 State St.
Lee, E. W., a, 529 W. VanBuren St.
†*Lee, Julius H., a, 116 N. Center St.
†*Leeming, John, a, b, 3541 Indiana Ave.
Leenheer, C. A., a, 871 W. 22d St.
Leenhouts, A., a, Holland, Mich.
†Lemke, A. F., b, d, i, n, 100 State St.
Lemon, Herbert K., a, 4800 Indiana Ave.
Lenhard, Robt., p, 8448 Superior Ave.
†Leusman, F. A., 100 State St.
Letourmean, R. A., a, 70 36th St.
†Lewis, C. J., d, 733 Carroll Ave.
†*Lewis, Denslow, a, b, l, 5100 Madison Ave.
†*Lewis, H. F., a, b, d, f, l, n, 103 State St.
Lewis, T. H., a, 251 Dearborn Ave.
†Lieberthal, David, a, d, q, 103 State St.
Linden, F. C., a, 1398 Jackson Blvd.
Lindsay, A. L., a, 521 18th Ave.
Lindsay, J. Clarence, a, 4633 Indiana Ave.
†Linnell B. M., a, d, n, 100 State Street.
Livingston, W. R., a, 314 N. 5th St., Maywood.
Lockwood, Chas. O., a, Los Angeles, Cal.
*Lobdell, Effie E., a, 169 S. Clark St.
Lockwood, J. F., a, Kansas City, Mo.
†*Lodor, C. H., a, i, n, 3136 Indiana Ave.
Loeb, J., a, d, i, n, 5754 Woodlawn Ave.
†Loeb, Leo., c, d, i, q, 5601 Washington St.
Lovenson, M. L., o, 523 S. Jefferson St.
†Loew, Alex., q, 3929 Prairie Ave.
†*Loomis, E. B., a, d, 133 Clark St.
Loring, D. J., a, Valpariso, Ind.
†Loring, J. B., a, g, 103 State St.
*Lovewell, C. H., m, 5502 Halsted St.
*Low, J. R., a, l, 100 State St.
Lucas, D. E., a, 1270 W. Madison St.
Lucas, G. N., a, Elgin.
Lucas, C. N., a, Elgin.
†*Luehr, Edw., a, b, l, p, 9141 Houston Ave.
Luken, M. H., a, d, 587 W. North St.
Lumley, R., l, 1074 California Ave.
†*Lydston, G. F., a, b, c, l, 100 State St.
*Lyman, Henry M., a, b, d, i, 200 Ashland Blvd.
†*Lyons, J. A., a, b, f, l, 4118 State St.
†*McArthur, L. L., a, b, d, e, f, l, 100 State St.
†McArthur, R. B., a, l, n, 411 Marquette Bldg.
McAuley, H. H., a, 360 Erie St.
McCaskey, G. W., a, n, 107 W. Main St.
†McClanahan, A. C., a, 749 Evanston Ave.
McClung, Alberta V., a, 6407 Lexington Ave.
McClure, C. F., a, 1106 Lawndale Ave.
McCreight, S. L., g, 100 State St.
McCuaig, W. J., a, 3035 Indiana Ave.

- †*McCullough, J. R., d, 35 Park Ave.
 †McCullum, J. L., 626 W. Lake St.
 †McCurdy, J. G., a, 2069 W. Congress St.
 McDiarmid, A., f, 103 State St.
 McDill, J. R., d, Milwaukee, Wis.
 McDonald, J. S., l, Hegewisch.
 McDonald J. H., p, 138 W. Congress St.
 McDonnell, J. A., o, 490 W. Madison St.
 McDowell, E. B., a, 477 45th St.
 McEwen, E. L., a, 1732 Chicago Ave., Evanston.
 McEwen, Mary G., a, 1738 Chicago Ave.
 McGonagle, T. C., a, m, 5504 Halsted St.
 McGoughy, J. A., a, 3100 Cottage Grove Ave.
 *McIntire, C. J., d, 834 Grand Ave.
 McKinlock, John, a, 100 State St.
 †McLaughlin, A. W., a, p, 9139 Commercial Ave.
 McLean, Donald, b, Detroit, Mich.
 †*McMartin, D. R., a, b, d, 77 Jackson St.
 McNab, M. D., b, 601 69th St.
 McNeil, A., a, Cook County Hospital.
 †*McWilliams, S. A., b, l, 3456 Michigan Blvd.
 Mass, Max A., a, 1109 Champlain Blvd.
 Macdonald, J. H., a, 1384 W. Congress St.
 †Mack, M. H., 5890 Calumet Ave.
 †Mackey, Cornelius, a, 1205 Wabash Ave.
 MacNeal, Arthur, a, Berwyn.
 Macy, H. C., a, b, Lakota Hotel.
 †*Mahoney, G. W., a, g, 100 State St.
 Manierre, C. E., a, b, f, l, 552 LaSalle Ave.
 †Mann, Wm. A., a, b, g, 70 State St.
 Marguerat, E. E., a, 155 S. Robey St.
 Marquis, G. P., a, b, 394 N. State St.
 Marshall, F. D., d, n, 679 W. Adams St.
 Marshall, J. S., a, b, l, 36 Washington St.
 †Martin, A. R., a, 467 Milwaukee Ave.
 Martin, Eugene, a, 3919 Indiana Ave.
 *Martin, Franklin H., a, f, 34 Washington St.
 †Martin, H. M., a, 103 State St.
 Mason, Frank G., a, 163 State St.
 Masten, B. B., j, 163 State St.
 †*Mather, H. H., a, 7847 Wright St.
 Mathews, A. A., a, Oak Park.
 Mathews, S. A., a, n, 47 Kenwood Ave.
 Matteson, Joseph, a, l, 3166 Groveland Ave.
 *Matther, P. H., a, 244 S. Halsted St.
 Mattison, F. C. E., a, Pasadena, Cal.
 Maury, J. M., a, 103 State St.
 Maxwell, W. S., a, 3222 Indiana Ave.
 Maywit, L., a, q, 1002 Belmont Ave.
 †Maywit, M., Belmont Ave. and Halsted St.
 Meehan, M. Z., l, 4341 Halsted St.
 Meling, N. C., d, l, 952 Armitage Ave.
 Mollish, E. J., a, b, e, El Paso, Texas.
 Menge, F., a, b, h, 34 Washington St.
 Menn, Rudolf, q, 15 Lincoln Ave.
 †Mercer, F. W., a, 2540 Prairie Ave.
 Merrill, H. W., a, Maywood.
 Merrill, J. D., a, 520 W. Chicago Ave.
 Merriman, H. P., a, b, f, 2239 Michigan Blvd.
 *Mettler, L. H., a, b, n, 100 State St.
 †*Meyerovitz, M., a, 103 State St.
 Meyers, Adolph, d, 470 W. Madison St.
 †Michael, May, a, 4625 Prairie Ave.
 Michel, R. S., a, 689 N. Robey St.
 Michelet, W. E. J., a, Willmette.
 †Miley, L. E., 1497 W. Adams St.
 †Miller, Chas. H., a, m, 6349 Jackson Ave.
 †*Miller, DeLaskie, a, b, c, 110 Astor Ave.
 †*Miller, J. L., a, n, 100 State St.
 †Miller, R. E., a, 5859 Wentworth Ave.
 †Miller, W. E., a, 1145 S. California Ave.
 Millman, J. C., m, 1124 W. 63d St.
 †*Milnamow, J. T., a, 1613 Park Ave.
 †Missick, O. S., a, d, 445 North Ave.
 †Mix, Chas. L., a, i, 3035 S. Park St.
 Moeller, F. H., a, Rolla, N. Dakota.
 *Moffitt, F. W., 43d St. and Lawrence Ave.
 †Moemelsdorf, Alex., a, q, 438 Lincoln Ave.
 †Monash, D. F., a, 36th and Vincennes Ave.
 †*Montgomery, Frank H., a, b, d, l, 100 State St.
 †Montgomery, L. H., a, n, Stewart Bldg.
 †*Montgomery, W. T., a, b, g, 34 Washington St.
 †Moody, F. K., 138 Washington St.
 Moore, F. B., a, b, Pullman.
 †Moore, F. D., a, 411 Oakley Blvd.
 Moorehead, E. L., a, 902 W. 12th St.
 Moorehead, J. J., m, 6058 S. Halsted St.
 Morf, P. F., a, c, 51 Claybourn Ave.
 †*Morgan, W. E., a, b, e, 3000 Michigan Ave.
 †*Morganthau, Geo. L., a, h, q, 34 Washington St.
 *Morrill, E. F., a, 359 W. 67th St.
 Morse, E. R., a, 4337 Berkeley Ave.
 †Mortan, E. C., a, m, 6801 Union Ave.
 Mowey, A. E., m, 3505 Indiana Ave.
 †*Moyer, H. N., a, b, c, d, i, l, 434 W. Adams St.
 †Mueller, Geo., a, d, 1063 Milwaukee St.
 Muffet, Maximilian, a, Palatine.
 *Munson, S. E., d, Springfield.
 †Murphy, C. T., 6330 Woodlawn Ave.
 †*Murphy, J. B., a, b, c, d, e, l, 103 State St.
 Nagel, J. S., a, 323 S. Weston Ave.
 †*Nance, W. O., a, 100 State St.
 Nash, A., a, Joliet.
 *Nash, F. W., a, Big Rock.
 †Naughton, Mich. T., a, 835 Garfield Blvd.
 Neale, R. A., a, 417 LaSalle Ave.
 †Neeley, J. R., a, 1325 Sheffield Ave.
 Neff, J. M., a, 3035 Indiana Ave.
 †*Nelson, D. T., a, b, l, 2400 Indiana Ave.
 Nelson, Engelbrecht, a, 84th St. and Superior Ave.
 Newburgh, J. S., a, 4300 Vincennes.
 Newhall, G. F., a, 811 N. Irving Park Blvd.
 †*Newman, H. P., a, b, d, f, l, 438 LaSalle Ave.
 Newton, G. W., a, 103 State St.
 †Niles, J. W., a, b, 420 LaSalle Ave.
 Nichols, J. C., a, 5123 Wentworth Ave.
 Noble, Robt., a, 4707 Calumet Ave.
 †*Noble, W. L., a, g, l, 100 State St.
 Norden, H. A., b, Sturgeon Bay, Wis.
 †Norderling, K. A., 1634 Clark St.
 †*Novak, F. J., a, 872 Lawndale Ave.
 †Noyes, F. B., 92 State St.
 †Numbers, J. R., Rush Medical College.
 O'Malley, T. F., a, o, 389 W. 12th St.
 †O'Malley, Thos. J., a, 447 E. North St.
 O'Neill, A. A., a, 4607 Champlain.
 *O'Neill, J. W., a, b, d, 1380 N. Clark St.
 O'Shea, D., d, 470 Ashland Blvd.
 Oaks, J. F., a, g, 347 62d St.
 †*Ochsner, A. J., a, d, e, 710 Sedwich St.
 †*Ochsner, E. H., a, b, d, e, 528 Garfield Ave.
 Ogden, E. R., a, b, 100 State St.
 †Ohlmacher, A. P., a, 2425 Dearborn St.
 Oliver, Chas. A., b, 1507 Locust St.
 Olney, T. A., d, 1038 Jackson Blvd.
 Olsen, Marie, a, 34 Washington St.
 †ONeal, O., 52 Dearborn St.
 Ormsby, O. S., a, 1590 Park Ave.

- †Orth, W. S., a, Schiller Bldg.
†Osborne, G., a, 100 State St.
Oswald, J. W., q, 640 Cleveland Ave.
Otto, J. P., p, 368 106th St.
†*Oughton, C. M., a, b, 131 53d St.
†*Owens, J. E., a, b, e, l, 1806 Michigan Blvd.
†Oyen, A. B., a, 801 N. Rockwell St.
†*Paddock, Chas. E., a, b, c, 103 State St.
Palmer, F. A., a, Gardner.
†Palmer, R. F., Cook County Hospital.
Pardee, L. C., a, 34 Washington St.
Parker, C. A., b, d, 776 W. Lake St.
Parkes, Chas. H., a, 51 Lincoln Ave.
Parker, C. W., b, 103 State St.
Parker, R. M., a, m, 3359 Indiana Ave.
Patera, F. J., o, 675 W. Taylor St.
Patillo, R. S., a, 34 Washington St.
†*Patrick, H. T., a, b, c, d, i, q, 34 Wash-
ington St.
Patrick, Z. E., b, 25 Woodland Park.
†Patterson, H. A., a, Joliet.
Patton, D. H. R., a, b, 1558 Wabash Ave.
†*Patton, J. A., Rush Medical College.
†Patton, J. M., a, n, 34 Washington St.
Paulson, David, a, 28 33d Place.
Paulson, Mamie W., a, 28 33d Place.
†Payne, D. A., 866 Monroe St.
Peacock, Alfred, a, 348 55th St.
Peck, A., m, 3904 Indiana Ave.
Peck, A. H., c, 92 State St.
Peck, W. H., a, g, 67 Wabash Ave.
Peckham, J. F., a, 2600 Indiana Ave.
Pelton, O. L., a, Elgin.
Pendergast, J. C., j, 3021 Calumet Ave.
†*Pennington, J. R., a, b, 103 State St.
†Peterson, H. D., a, b, 93 E. 18th St.
Peterson, R., a, d, f, 103 State St.
†Pettit, J. W., b, Ottawa.
†Pettyjohn, E. S., j, Stewart Bldg.
Pfeifer, J. P., d, 1240 Milwaukee Ave.
†Phillips, C. J., a, m, 401 Garfield Ave.
Phillips, F. A., a, g, 1110 Washington Blvd.
Pinckard, W. S., a, Maywood.
†Pierce, F. E., a, 4801 Forrestville Ave.
†*Pierce, N. H., a, b, c, g, h, l, 723-725 Field
Bldg.
†Pierron, J. J., a, 353 5th Ave.
†Pinckard, C. P., a, c, g, l, 103 State St.
Pirosh, Berthold, a, q, 340 S. Hermitage Ave.
†Plecker, J. H., a, 181 W. Madison St.
Plath, Valdemar, a, o, 750 W. North St.
*Plummer, S. C., a, d, 4304 Lake Ave.
†Plummer, S. J., Jr., e, 4304 Lake Ave.
Poore, J. E., a, 4436 Champlain Place.
Porter, F. D., a, l, 1594 Halsted St.
*Porter, J. L., a, b, k, 103 State St.
†*Porter, R. H., a, 62d and Monroe Sts.
Post, G. W., a, n, 1987 Washington Blvd.
Powell, E., a, Maryville, Mo.
Pratt, H. P., j, 1101 Masonic Temple.
Pratt, Wm. A., j, 163 State St.
†*Preble, R. B., a, c, d, n, 103 State St.
*Prendergast, Joseph, a, d, Lake St. and Ked-
zie Ave.
†Price, O. J., a, d, l, 533 W. Adams St.
Prince, A. E., g, Springfield.
Prince, L. H., a, b, Palmyra, Wis.
†Pritzker, L. J., d, 239 W. Division St.
†Pruyn, Chas. P., a, 100 State St.
Pugh, Chas. E., a, 201 S. Halsted St.
Purdy, Chas. W., n, 57 E. 20th St.
Pusey, Brown, d, g, 31 Washington St.
Pusey, C. M., a, 75th St. and Drexel Ave.
*Pusey, W. A., a, b, c, d, l, 103 State St.
†Pynchon, Edwin, a, h, 103 State St.
*Quales, N. T., a, 52 Fowler St.
†*Quine, Wm. E., a, b, i, n, 103 State St.
†Quinlan, W. W., a, 503 Belden St.
*Quirk, J. J., a, c, 103 State St.
Quirk, J. P., a, 1128 Washington Blvd.
Radesioski, A., q, 658 Loomis St.
Rahlf, Theo., q, 802 S. Halsted St.
Randall, Dr. a, 52 State St.
Raymond, Henry L., a, Pullman Bldg.
Rawlings, I. D., a, 92 State St.
†Rea, I. H., a, Palmer House.
Redlick, Henry, a, 375 N. Clark St.
*Reed, C. B., a, 103 State St.
Reed, M. L., a, 320 Bowen Ave.
†Reilly, F. W., a, c, City Hall.
Reitman, B. L., a, 2627 Emerald Ave.
Remmen, Nils, a, g, R. 1207 103 State St.
Replogle, P. S., j, 92 State St.
†*Reynolds, A. R., a, b, 101 Venetian Bldg.
†Reynolds, E. R., 553 W. 63d St.
Reynolds, G. W., a, b, f, n, 315 Webster Ave.
Reynolds, H. J., a, 36 Washington St.
†*Rhodes, J. E., a, b, d, h, n, 34 Washington St.
†Rice, E. P., a, b, 400 Fisher Bldg.
†Richards, Annette S., 821 Warren Ave.
Richardson, J. R., a, l, 479 42d Place.
†Richman, S. T., a, 5709 Wentworth Ave.
Richter, H. M., a, 6559 Cottage Grove Ave.
Ricketts, H. T., a, d, 1439 Jackson Blvd.
†Ridlon, John, a, b, k, l, 103 State St.
†*Riese, B. L., a, b, q, 240 Washington St.
†*Ries, Emil, a, b, c, d, f, l, q, 100 State St.
Riley, J. A., a, 410 S. California Ave.
†Rittenhouse, H. H., a, 5739 Rosalie Court.
Rittenhouse, Wm. a, b, 975 Warren Ave.
†Ritter, M. M., a, 100 State St.
Roach, J. J., m, 5100 Wentworth Ave.
†Roan, C. F., a, 740 W. North Ave.
Robbins, M. M., a, Hickory, Wis.
†*Roberts, T. E., 929 Marshall Field Bldg.
†Robertson, Chas. M., a, g, h, 100 State St.
Robeson, T. J., a, 2608 Calumet Ave.
Robison, B., a, f, 100 State St.
†*Robison, J. A., a, b, d, h, n, 297 Ashland Blvd.
Robinson, W. F., b, 100 State St.
Rockey, A. E., a, Portland, Oregon.
Roehr, C. G., a, 822 W. Division St.
†Rogers, Daniel W., a, 2204 Michigan Ave.
Rogers, L. D., j, 441 Dearborn St.
Rohr, F. W., a, 457 LaSalle Ave.
†Rohrabough, E. E., 109 42d Place.
Roler, A. H., a, 2330 Indiana Ave.
Ro'er, E. O. F., a, 2330 Indiana Ave.
†*Root, E. H., a, d, 439 W. Monroe St.
Rose, David, a, 1812 22d St.
†Rose, F. L., a, 5256 Halsted St.
Rosenberry, A. J., a, Oak Park.
Rosenblith, Henry, o, 239 Blue Ashland Ave.
Rowan, P. J., a, 372 Adams St.
†Royce, E. S., a, 1194 W. California Ave.
†Rubin, George, 92 State St.
Rubovits, W. H., a, 4625 Indiana Ave.
†Ruggles, Geo. S., a, 2211 Michigan Ave.
†*Rumpf, W. H., a, b, c, d, f, q, 4720 Kenwood
Ave.
Ruschhaupt, H., q, 315 Lanabee St.
†Rutherford, C., a, 646 Fullerton Ave.

- Ryan, L., d, 1271 W. VanBuren St.
 *Ryerson, E. W., a, k, 103 Lincoln Park Blvd.
 Sachs, T. B., a, 289 W. 12th St.
 Sage, Annie W., a, 17 E. 40th St.
 †*Salisbury, J. H., n, 982 W. Adams St.
 Salinger, David, a, g, 36 Washington St.
 Sammons, E. H., a, 51 31st St.
 †*Sandburg, Karl F., a, d, f, 622 N. Hayne Ave.
 †Sanford, W. C., a, 103 State St.
 †Saurenhaus, Ernest, a, q, 582 LaSalle Ave.
 Sauer, H. E., a, b, 34 Washington St.
 †Sawtelle, H. W., a, U. S. Marine Hospital.
 †Schaeffer, F. C., a, b, d, l, 582 Washington Blvd.
 Schalsk, Alfred, a, d, q, 529 Garfield Ave.
 †Schaller, Geo. J., a, 1127 N. Clark St.
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 Scheppers, D. Q., a, 292 Larrabee St.
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 *Schirmer, Alfred, q, 547 Blue Island Ave.
 *Schirmer, Gustav, q, 625 W. Taylor St.
 Schlesinger, M. L., a, 549 N. Robey St.
 Sch'oten, E. R., a, 4412 Wabash Ave.
 †*Schmidt, F. W., a, b, 3614 Indiana Ave.
 †*Schmidt, L. E., a, c, q, Schiller Bldg.
 †*Schmidt, O. L., a, c, i, l, n, q, 3323 Michigan Ave.
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 †Schwab, L. W., a, 449 E. 41st St.
 Schwartz, L. E., a, g, 103 State St.
 †Scott, J. McD., 378 W. VanBuren St.
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 †*Senn, Nicholas, a, b, e, f, l, 532 Dearborn Ave.
 †Seville, F. F., 1620 W. Madison St.
 Shabad, A. M., o, 214 B'ue Ashland Ave.
 Schaffer, V., a, 1304 Champlain St.
 Shambaugh, Geo. E., a, h, 100 State St.
 Shaw, D. Lee, a, 707 Jackson Blvd.
 †Sherwood, F. R., a, 100 State St.
 †Sherman, C., a, 42 163 Randolph St.
 Shortle, A. G., a, 63d St. and St. Louis Ave.
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 Sigel, E., a, 100 State St.
 Silverberg, G. M., o, 475 Marshfield Ave.
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 Simmons, C. J., a, 284 32d St.
 Simon, Ludwig S., a, 419 E. 43d St.
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 Simpson, F. E., a, 4602 Lake Ave.
 †*Sippy, B. W., a, d, i, n, Ellis and Oakwood Blvd.
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 *Slaymaker, S. R., a, d, 100 State St.
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 †*Small, A. R., a, b, 3035 Indiana Ave.
 *Small, Chas. P., a, b, 5727 Madison St.
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 †Smith, E. M., a, 305 E. Division St.
 Smyth, J. P., a, 5500 State St.
 Smith, J. W., a, Jefferson and 64th Sts.
 Snoddy, Lot, a, 34 Washington St.
 †Snydacker, E. F., a, b, g, 1311 103 State St.
 Sogan, Valborg, a, 34 Washington St.
 Somers, G. H., d, 514 Jackson Blvd.
 †Spach, A. B., a, 6629 Harvard Ave.
 †Spalding, Heman, a, 100 State St.
 Spaulding, D. N., a, 62 E. Chicago Ave.
 Spiece, Wm. K., a, 50 W. Madison St.
 Spring, C. K., a, 1451 Dakin St.
 Springe, F., q, 649 S. Ashland Ave.
 †*St. John, Leonard, a, l, Columbus Memorial Bldg.
 St. Clair, Frank P., a, 4501 Wallace St.
 *St. Cyr, E. D., a, o, 538 Ashland Blvd.
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 Stam, J. C., a, 203 Blue Island Ave.
 †Staneff, D., a, p, 8753 Commercial Ave.
 †*Stanton, S. C., a, b, 912 Venetian Bldg.
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 †*Starkey, H. M., a, b, g, l, 70 State St.
 †*Starkweather, R. E., a, 5151 Cornell Ave.
 †Stearns, Wm. G., b. c., 103 State St.
 †*Steele, D. A. K., a, c, d, e, l, 103 State St.
 †Steeves, Alice M., 70 State St.
 Steffenson, O. M., a, o, 1035 VanBuren St.
 *Stehman, H. B., a, d, f, 217 S. Broadway St.
 Stein, O. J., a, h, 100 State St.
 †Stevenson, A. F., Jr., a, d, 378 LaSalle St.
 †Stevenson, S. H., a, l, 608 E. Division St.
 Stewart, E. S., a, 3348 Dearborn St.
 †Stewart, H. J., a, 2118 W. Lake St.
 †*Stewart, W. T., a, 978 Douglas Blvd.
 †Stillians, D. C., a, 103 State St.
 †*Stoll, J. J., a, 514 W. 12th St.
 Stone, C. D., a, 2220 Calumet Ave.
 †Storer, W. D., a, b, 485 Fullerton Ave.
 Story, C. A., a, 52 31st St.
 †*Stowell, J. H., a, b, n, 2633 Indiana Ave.
 †Strauss, I. J., a, 3638 Cottage Grove Ave.
 Street, R. H., j, 819 Champlain Bldg.
 †*Stringfield, C. P., a, 138 Jackson Blvd.
 Stroborg, J. A., a, Manor, Texas.
 Strong, A. B., l, 533 W. Monroe St.
 †Strohecker, S. M., a, 10 192 Winston Ave.
 Strong, N., a, 24 E. Mt. Vernon Place.
 *Struch, Carl, q, 474 Belden Place.
 †Strueh, Carl, 540 Ashland Ave.
 †Stubbs, F. G., a, b, 4256 Grand Blvd.
 †Stubbs, J. E., a, b, l, 971 W. 22d St.
 †Stulik, Chas., 525 Lincoln St.
 †*Sudduth, W. X., a, b, c, 100 State St.
 Sugg, J. F. H., a, 311 5th Ave.
 †Suker, Geo. F., a, g, 100 State St.
 †*Sullivan, T. J., a, 4709 Michigan St.
 *Sutton, E. M., d, Peoria.
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 †Swan, C. F., a, l, p, 9139 Commercial Ave.
 †Swartz, T. B., a, b, 146 E. 36th St.
 †Sweet, A. A., a, 4785 N. Clark St.
 *Swenson, C. G., a, d, 318 E. Division St.
 Tagert, A. H., a, 966 W. Lake St.
 Talbot, Eugene S., a, c, d, 103 State St.
 Taliaferro, Frank, a, 457 S. Center St.
 Tamowsky, G., de-a, Evanston.
 Tappey, E. T., b, Detroit, Mich.
 †Tausey, E. E., a, p, 263 79th St.
 Taylor, Graham, b, Chicago Commons.
 Taylor, J. B., g, Bloomington.
 Tebbetts, J. H., d, Hollister, Cal.
 Test, Annabel C., d, k, 4401 Indiana Ave.
 †Test, F. C., a, k, 4401 Indiana Ave.
 †Thexton, Louis, a, 1276 Adams St.
 Thilo, Geo., a, 39 Columbia St.
 †*Thomas, A. L., a, b, 3046 Wentworth Ave.
 †Thomas, H. M., a, b, c, h, 31 Washington St.
 †Thometz, John L., a, d, 999 W. 12th St.

- †Thompson, M. E. E., 2140 Wabash Ave.
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 †Tichnor, W. A., a, 492 W. Adams St.
 Tillston, G. T., a, b, 6301 Wentworth Ave.
 Titzel, N. R., p, 10050 Ewing Ave.
 *Tivnen, Richard T., a, 302 Garfield Ave.
 Todd, Chas., a, 4643 Evans Ave.
 *Todd, J. F., a, l, 2447 Prairie St.
 Torrison, Geo. A., a, 467 Milwaukee Ave.
 Tracy, E. E., a, Joliet.
 †*Turck, F. B., a, c, d, n, 362 Dearborn St.
 †Turck, R. C., c, 452 E. 49th St.
 †Turner, B. S., a, 3857 State St.
 †Tuteur, Edwin B., a, 3645 Grand Blvd.
 Twining, S. D., d, n, 779 Walnut St.
 †Tydings, O. T., Col. Mem. Bldg.
 †Tyler, H. A., a, 555 Dearborn St.
 †Van Benshoten, Wm. C., a, 63d and Monroe Sts.
 †*Van Hook, Weller, a, b, d, e, f, l, 103 State St.
 Van Hoosen, Bertha, a, d, 489 42d St.
 Van de Roovaart, J. F., a, 10236 Parnell Ave.
 †Van Velsor, Frances T., a, 6059 Ellis Ave.
 Van de Vort, B. K., a, Pasadena, Cal.
 †Vaux, de F. H., Omaha Bldg.
 †Van Winkle, J. W., a, 534 Burling St.
 Veach, J. H., p, 204 Cobb Blvd.
 †Verity, Wm. P., a, c, 39 Chicago Ave.
 *Wade, Chas. A., 709 Jackson Blvd.
 *Wagner, Carl, a, d, l, 74 Lincoln Ave.
 Wagner, C. B., a, 758 N. Halsted St.
 †Wagner, G. W., a, 145 N. Clark St.
 †Wagner, Henry E., a, 551 Armitage Ave.
 †*Waite, Lucy, a, d, 100 State St.
 Walker, H. L., g, Cedar Rapids, Ia.
 Walker, J. D., a, 356 Lake St., Oak Park.
 Walker, Jas. W., a, b, 153 E. 53d St.
 †*Walker, S. J., a, b, n, 34 Washington St.
 †Walker, W. H., a, 527 E. 64th St.
 Walling, Willoughby, a, b, 103 State St.
 †*Walls, Frank X., a, n, 4307 Ellis Ave.
 †Walter, Will, a, b, g, 103 State St.
 Warbrick, Jno. C., a, 18 E. 46th St.
 †Ward, C. W., a, 3449 Indiana Ave.
 †Ware, Lyman, g, 31 Washington St.
 †Warner, A. K., Racine and Belmont.
 Washburn, I. B., a, Rensselaer, Ind.
 *Warner, A. L., 1315 Ven. Bldg.
 Wassal, J. W., a, l, 92 State St.
 Waterhouse, C. F., a, b, 103 State St.
 Waters, Oren J., a, 32 Delaware Place.
 †*Watkins, T. J., a, b, c, d, f, 1800 Michigan Ave.
 †Waugh, Wm. F., c, 103 State St.
 Waxham, F. E., a, Denver, Colo.
 Way, Henry J., a, 514 Oakley Blvd.
 †*Weatherson, J., a, 103 State St.
 †*Weaver, Geo. H., a, b, d, n, 535 Washington Blvd.
 †*Weber, Sam'l L., a, b, d, f, 100 State St.
 Webster, E. H., a, 1332 Chicago Ave.
 †Webster, E. M., p, 9151 Commercial Ave.
 †*Webster, G. W., a, b, l, n, 70 State St.
 *Webster, J. C., a, b, d, f, 100 State St.
 †Webster, Jno. P., a, 441 Englewood Ave.
 *Weidner, M. R., a, Dolton Station.
 Weir, Chas. F., m, 6301 Stewart Ave.
 *Weis, E. W., a, b, o, Ottawa.
 Welcker, H. C., a, q, 626 LaSalle St.
 Welcker, Paul, a, q, 626 LaSalle St.
 Welfeld, Jos., o, 727 Grand Ave.
 †Wells, Ed. F., a, d, n, 4571 Lake Ave.
 †Wells, Franklin C., a, n, 883 Monroe St.
 †Wells, H. Gideon, a, d, Rush Medical College.
 Wende, E., a, Buffalo, N. Y.
 †*Wenzlick, Wm., a, 313 E. Chicago Ave.
 †Wermuth, W. C., a, 277 Bissell St.
 *Werner, F. W., a, 603 Jefferson St., Joliet.
 Wernicke, O. G., o, 5 Blue Ashland Ave.
 †*Wescott, C. D., a, b, c, d, i, g, l, 31 Washington St.
 †*Wesley, Allen A., a, 3102 State St.
 †Wesener, J. A., a, b, c, d, 103 State St.
 West, S. G., a, 103 State St.
 Westerschulte, F. H., q, 1005 W. North Ave.
 Weston, E. B., f, 271 Oakwood Blvd.
 †*Whalen, Chas. J., h, 34 Washington St.
 Whamond, A. A., a, 2109 W. 12th St.
 †Wheeler, A. M., a, 2099 Lexington Ave.
 Whise, M., a, 660 N. Western Ave.
 Whitaker, Wm. B., a, 3541 Indiana Ave.
 White, Herman A., a, St. Charles.
 †*Whitfield, G. W., a, 215 Wabash Ave.
 Whitmore, B. T., a, 90 Maiden Lane, New York, N. Y.
 Whitmore, L. W., a, 1508 Shool St.
 Wickland, Carl A., j, 324 Wells St.
 *Wiener, Alex. C., a, k, 100 State St.
 †Wiggin, T. B., a, b, 100 State St.
 Wild, Theo., Jr., a, 1035 W. North St.
 †*Wildner, Wm. H., a, b, c, d, i, l, g, 5811 Monroe St.
 Willard, G. E., a, 470 E. 40th St.
 Willard, Rose, a, 34 Washington St.
 †*Willard, Wm. G., a, 544 Washington Blvd.
 Williams, A. W., a, p, 2842 State St.
 Williams, C. H., g, Boston, Mass.
 †Williams, D. H., a, 3034 Michigan Ave.
 Williams, Helen S., b, 456 W. 65th St.
 Williams, J. C., d, 169 Webster Ave.
 †*Williams, J. F., a, 427 Center St.
 Williams, Wm. C., a, 58 E. 43d St.
 Williams, Chas. S., a, q, 475 Dearborn Ave.
 Willson, Charles G., d, Milwaukee, Wis.
 †Wilson, Wm. Louis, a, 5654 Monroe Ave.
 †Wilson, R. C., a, 4302 Greenwood Ave.
 †*Wing, Elbert, a, b, d, i, n, 34 Washington St.
 Winn, C. S., a, Byron.
 Winskel, W. E., p, 206 Cobb Bldg.
 †Witherspoon, L. G., 1002 W. Madison St.
 †Woley, H. P., a, b, d, k, 4257 Grand Blvd.
 Wolf, J. G., a, 457 Jackson Blvd.
 †*Wood, C. A., a, b, c, g, i, l, 103 E. Adams St.
 †Wood, Chas. M., a, Dunning Station.
 †Wood, G., a, 143 E. 35th St.
 Wood, H. F., a, 103 State St.
 Woodbridge, J. E., a, Chicago Beach Hotel.
 *Woodruff, H. W., a, g, Joliet.
 †*Woodruff, T. A., a, b, g, 103 State St.
 †*Woodworth, P. W., a, b, 1246 Clark St.
 Worthington, H. C., a, l, d, Oak Park.
 Wurdemann, H. V., g, 128 Wisconsin St., Milwaukee, Wis.
 Yarros, R. S., a, Bellevue Place
 †Young, A., a, 1240 Ravenswood Park.
 Young, Chas. O., a, 1669 N. Clark St.
 Young, H. B., g, Burlington, Iowa.
 Young, Josephine E., a, 71 Park Ave.
 Zaleski, Jos. P., m, 4647 Ashland Ave.
 †Zeisler, Joseph, a, b, l, 100 State St.
 †*Zeit, F. Robert, a, c, d, q, 4016 Vincennes Ave.
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The laboratories are separate from the vaccine and pharmaceutical laboratories.

THE STABLES

three in number, have accommodations for one hundred and fifty horses. Each animal is confined in a separate stall provided with individual water supply, ventilation and drainage. Hygienic experts pronounce these stables models of sanitary perfection.

Each horse is kept constantly immunized against tetanus by immunizing doses of tetanus antitoxin.



ONE OF THE ANTITOXIN STABLES

H. K. MULFORD COMPANY, PHILADELPHIA, NEW YORK, CHICAGO (A)

HOW MULFORD'S ANTITOXIN IS MADE

Mulford's Antitoxin is prepared in accordance with the most rigid requirements of science; surgical, germ-free cleanliness characterizes every step of its production; the antitoxin never comes in momentary contact with the atmosphere; the exact unit

strength of toxins and antitoxins is determined with absolute mathematic precision; the purity and strength of each separate yield of antitoxin is determined by repeated series of tests upon guinea-pigs

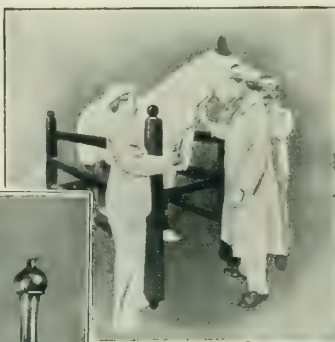
The production is so completely surrounded with safeguards that contamination can never occur.



INCUBATION ROOM



FILLING ANTITOXIN IN ASEPTIC BULBS



BLEEDING HORSE TO OBTAIN SERUM



FILTERING ANTITOXIN



SEPARATING ANTITOXIC SERUM FROM BLOOD

Especially to be emphasized is the elaborate system of testing the serum. At least fifty guinea-pigs are required to determine the purity, unit-strength and non-irritating character of each separate yield of antitoxin.

Each cubic centimeter of Mulford's Antitoxin always contains a definite number of antitoxic units. This is the exclusive feature of Mulford's Antitoxin—no other serum in the world is so standardized or so scrupulously prepared.

Since 1894 over six million tubes of Mulford's Antitoxin have been employed without a single untoward result of any kind.

All collective and comparative investigations prove that MULFORD'S ANTITOXIN

**SAVES MORE LIVES
THAN ALL OTHER SERUMS COMBINED.**

Complete literature mailed upon request.



TESTING ANTITOXIN ON GUINEA-PIGS

HOW MULFORD'S VACCINE IS MADE



THE VACCINE LABORATORIES

THE VACCINE LABORATORIES are entirely separate and remote from the Antitoxin Laboratories; they were constructed after careful inspection of the leading government vaccine establishments of Europe. The buildings embody all the latest features of sanitary construction with the details observed in modern hospitals and hygienic laboratories; no other vaccine plant is so extensive and complete.



ONE OF THE VACCINE STABLES

The inoculation of animals and collection of virus are performed in a strictly aseptic manner in an operating room located in a separate building remote from stables. The floors, walls and ceilings are of cement, slate and porcelain finish and are frequently and thoroughly flushed and disinfected. The stables are heated and ventilated by the direct-indirect systems. The calves are fed exclusively upon milk and the excretions are disinfected and removed as soon as voided. Each separate building is a hygienic model, and the principles of asepsis are as rigidly adhered to as they are in the operating room of any modern hospital. Every calf is kept constantly immunized against tetanus by the injection of tetanus antitoxin, and is also injected with tuberculin in order to assure its freedom from disease; furthermore, each animal is subjected to a thorough physical examination by our veterinarian, who is in constant attendance.

ANIMAL TESTS After the collection of vaccine each animal is killed and subjected to a careful post-mortem examination. The virus from absolutely healthy animals is used exclusively. Furthermore, tests are made on guinea-pigs in doses one hundred times as great as would be used for vaccinating a child. These procedures preclude absolutely the contamination of **Mulford's Vaccine** with toxic germ-products.

THE STABLES

accommodate one hundred calves, each of which is confined in an



MILK IS USED EXCLUSIVELY IN FEEDING CALVES

HOW MULFORD'S VACCINE IS MADE

THE OPERATING

ROOM in which the inoculation of animals and collection of virus are executed, is maintained so rigidly aseptic that in it abdominal operations upon the human being could be safely performed. Everything connected with the collection of virus—instruments, apparatus, towels, etc.,—are sterilized by the most approved methods. The entire room is daily flushed with antiseptic solutions and disinfected with formaldehyde.



THE COLLECTION OF VIRUS

COLLECTION OF VIRUS

After the vaccine is collected it is ground between glass rollers upon which Glycerin (C. P.) is gradually dropped from a graduated pipette. **Crusts are never used.** Every drop of



GLYCERINIZATION OF VACCINE



TESTING VACCINE ON GUINEA-PIGS

Mulford's Glycerinized Vaccine is of uniform potency and activity. After trituration the glycerinized virus is stored and subjected to repeated bacteriologic and physiologic tests.

FILLING TUBES

The capillary tubes are filled, by means of a vacuum apparatus, with bacteriologically and physiologically tested vaccine and hermetically closed, so that outside contamination is impossible. Each individual tube is, therefore, of guaranteed purity and activity.

We guarantee successful results in all primary vaccinations.

Mulford's Vaccine is furnished in three forms:

GLYCERINIZED LYMPH, in Capillary Tubes (10 vaccinations) \$1.00
GLYCERINIZED POINTS (per case of 10) 1.00
DRY IVORY POINTS (per case of 10) 1.00

Supplied by representative druggists in every American city or mailed, postpaid, upon receipt of price. Complete literature upon request.



FILLING TUBES WITH GLYCERINIZED VACCINE

(1) H. K. MULFORD COMPANY, PHILADELPHIA, NEW YORK, CHICAGO

"JUST THE THING."

SALINE ELIXIR (CONCENTRATED)

Whenever the use of a Saline laxative or cathartic is indicated this preparation will be found absolutely perfect. It contains 50 per cent. by weight pure Sulphate of Magnesia in a slightly acid solution combined with choice aromatics.

This Elixir is very pleasant to take, it acts surely and promptly, is not expensive, and finds its warmest friends among those who have used it most.

PRICE \$1.75 PER GALLON.

Freight prepaid on orders of five gallons at one time.

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E. W. WOOD, MANUFACTURING PHARMACIST.

When ordering, please mention this Journal

DECATUR, ILLINOIS.

When there is pain or inflammation, apply Antithermic Paste. We guarantee results.

Neisler-Burwell Drug Co., Decatur, Ill.

DEAR SIR:—Your Antithermic Paste is a winner and the highest recommendation I can give is that once used will prove its worth. I must confess that I was surprised at its results when I first used it. In the cases in which I have used it so far, my results have been very good.

Respectfully, **A. F. WILHELMY, M. D.**

Decatur, Ill., Feb. 13, 1902.

Neisler-Burwell Drug Co.,
Decatur, Ill.

DEAR SIR:—My goods arrived to-day, your Antithermic Paste and Camphospecific are the finest preparations on the market. I cannot do without them. Wishing you success, I am Very truly yours,
W. D. HUNTER, M. D.

It is applicable alike whether the skin is broken or intact.

Virginia, Ill., Jan. 28, 1892.



Neisler-Burwell Drug Co.,
Decatur, Ill.

GENTLEMEN:—Enclosed find.....for which send.....Antithermic Paste. I have tried all the similar preparations, but I think yours is best.

A. R. PENNIMAN, M. D.

One pound package 35c or \$4.00 per dozen.
Two and one-half pound package 70c or \$8.00 per dozen.
FREE—Send 25c in currency or stamps to prepay shipping charges on a full one pound sample can.
Manufactured only by NEISLER-BURWELL DRUG CO.,
Decatur, Illinois.

It is the acme of pharmaceutical skill and unexcelled therapeutically.

Neisler-Burwell Drug Co., Decatur, Ill.

DEAR SIR:—Enclosed you will find Money Order for.....dollars covering both shipments of Antithermic Paste. Have had excellent results with it, and am therefore greatly pleased

Odin, Ill., Feb. 10, 1902.

Respectfully, **S. D. TRACY, M. D.**

Decatur's Physician's Supply House.

Physician's supplied with anything he wants at Manufacturers Prices.

Special Agents Parke, Davis, & Company Products.

Mulford's and Parke, Davis Vaccine and Antitoxin Always Fresh.

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Its physiological activity is amazing.

Its effects are practically instantaneous.

The uses to which it can be put are almost unlimited.

In controlling hemorrhage from the nose, stomach, bladder, urethra and uterus it is without an equal.

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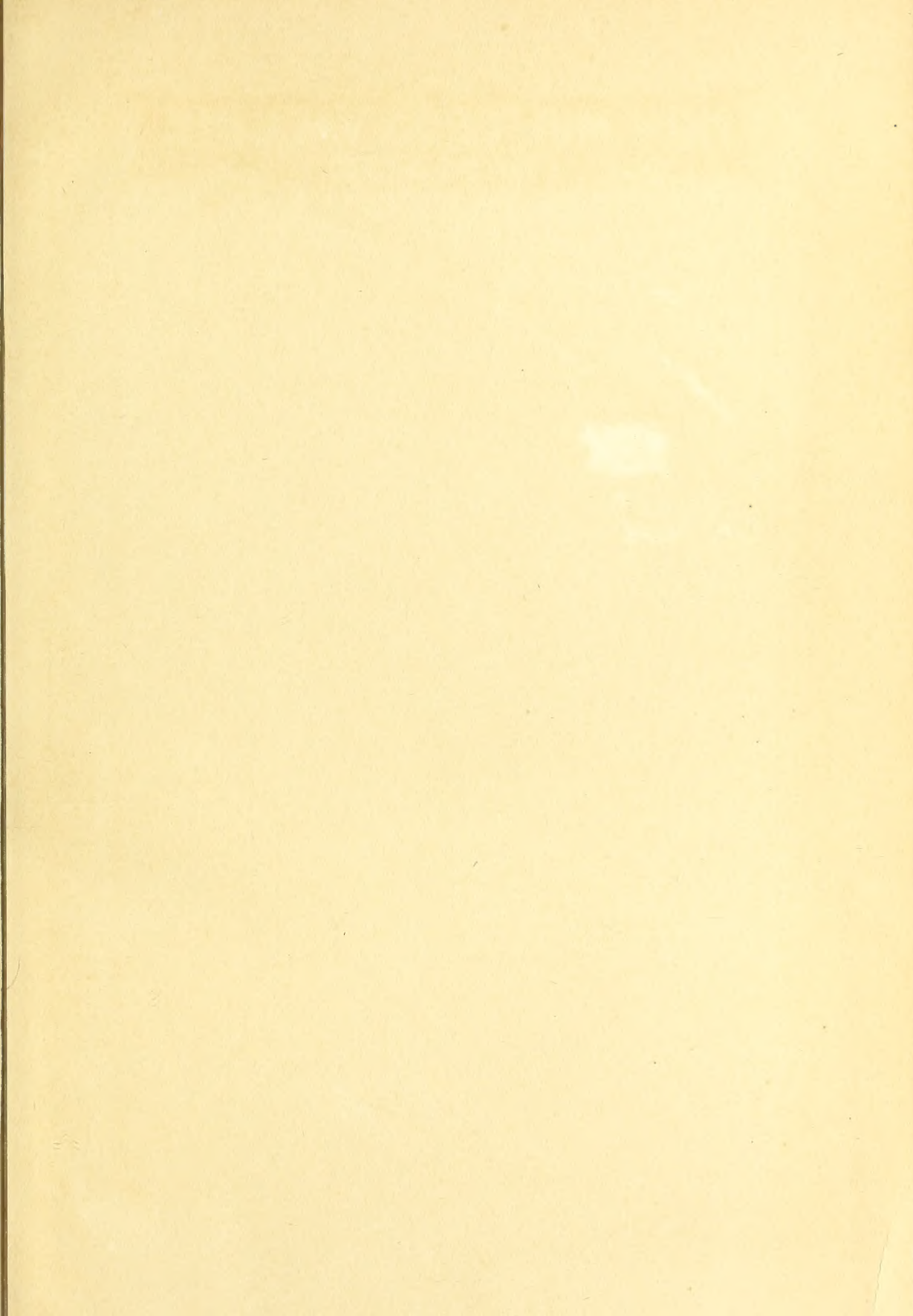
SOLUTION ADRENALIN CHLORIDE, as one of our physician friends has well said, "acts more like a miracle than a medicine." It should be in the emergency case of every physician and surgeon.

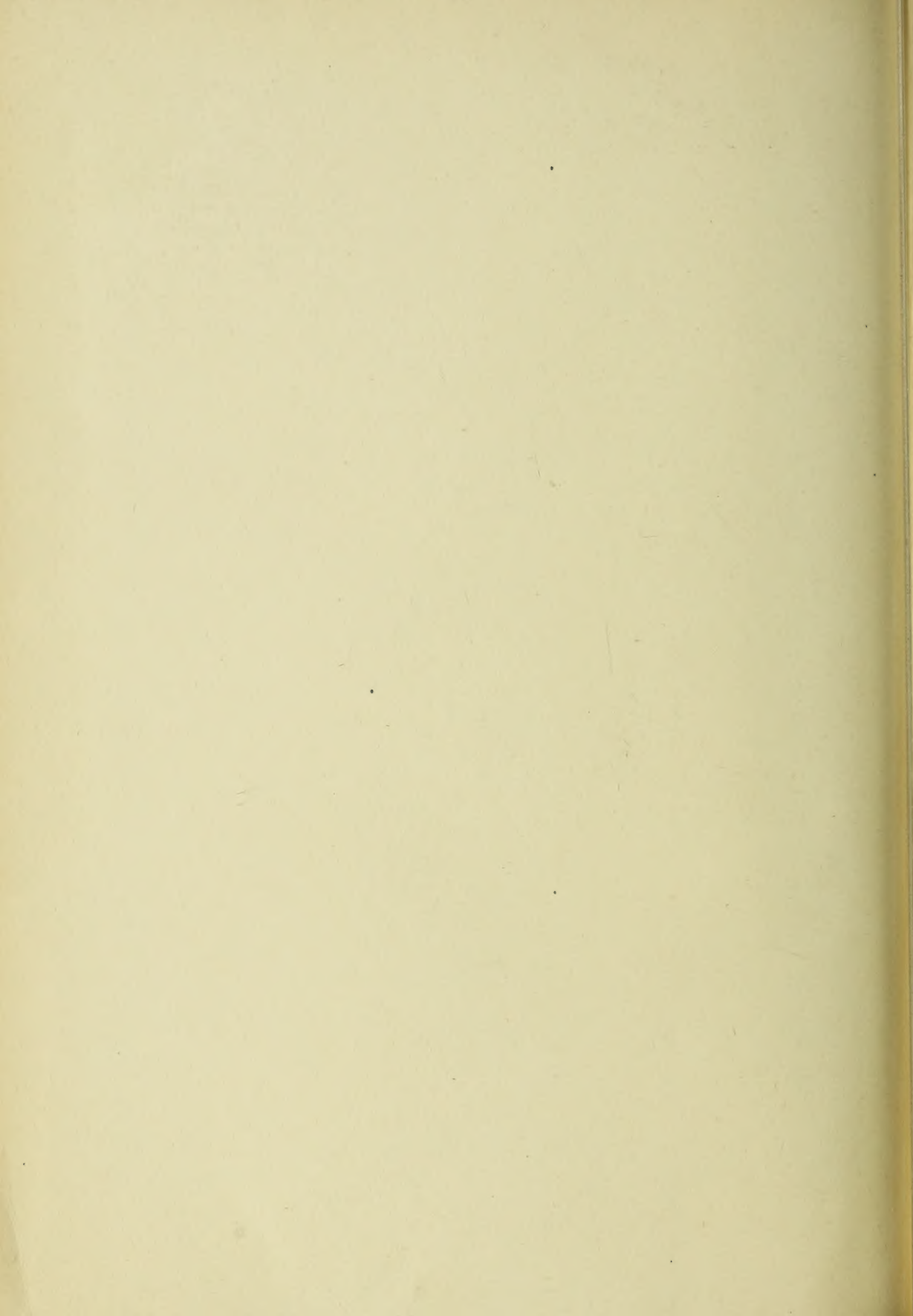
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